

# BLUE Review

Issue 6 – 2007 • November/December

## Hot tips for using the correct NPI

National Provider Identifiers (NPIs) are divided into two categories based on provider classification:

- If you are an individual health care practitioner, you need a Type 1 (individual) NPI. The NPI is not specific to a location or specialty. Regardless of where or what type of service you perform, as an individual, you will always use your Type 1 NPI.
- If you are part of an organization that provides health care services using employees or contractors, you need a Type 2 (organizational) NPI. This NPI is used by incorporated entities, such as group practices, clinics, LLCs, or similar organizations. If there are subparts of the organization that have all the traits of a separate health care provider, the organization may obtain Type 2 NPIs for each of those subparts.
- A large corporation may consider obtaining and using Type 2 NPIs for each subpart related to its existing BCBSNM provider number.
- When submitting claims on the CMS-1500 (08/05) or electronic equivalent, use the individual Type 1 NPI as the *rendering* provider in Field 24j, and the organizational Type 2 NPI as the *billing* provider in Field 33a.
- If you are an *individual* health care practitioner who is not part of an incorporated practice, you will use your Type 1 NPI in *both the rendering and billing provider fields* when submitting claims on the CMS-1500 (08/05).



## National Provider Identifier

- When using the UB-04 claim form during the dual-identifier phase, Field 56 is for your NPI and Field 57 is for your BCBSNM or other health insurance carrier provider numbers (up to three lines may be entered).

### General NPI reminders:

- Your NPI will replace all other provider identifiers used previously (such as UPIN, Medicare/Medicaid, BCBSNM, and other health plan provider identification numbers).
- Your Type 1 or Type 2 NPI will not replace your tax identification number (TIN, EIN, or SSN). Your TIN will continue to be reported for tax purposes as required by transaction implementation specifications.
- Your NPI will not replace the Drug Enforcement Agency (DEA) number when the latter is required for regulatory purposes.
- You are required by the NPI Final Rule to disclose your NPI to any entity that requests it for use in HIPAA standard transactions. According to the regulation, the publication of the NPPES Data Dissemination Notice does not release health care providers from this requirement.

## Learn more

For information about how to apply for and share your NPI, along with other helpful resources, please visit the provider section of our website at [bcbsnm.com](http://bcbsnm.com). If you have any questions, please e-mail us at [npi@bcbsnm.com](mailto:npi@bcbsnm.com). If you are a BCBSNM contracted provider, you may contact your provider representative at 505-837-8800 or 800-567-8540 for additional assistance.

## Blue Medical Education (BME)

BME is a program for physicians and allied health professionals similar to Continuing Medical Education: You read the articles in this issue of *Blue Review*, then go to [bcbsnm.com](http://bcbsnm.com) to answer the questions related to those articles. For eligible participants who answer all questions correctly, we will enter your name into a drawing for a prize valued at \$100. At the end of the year, we will enter the names of *all* eligible participants into a grand prize drawing worth \$300.

To be an eligible participant, ***you must be a physician (M.D. or D.O.) or other independently licensed health care professional*** who is either contracted individually with BCBSNM or is a network provider employed by a clinic or group contracted with BCBSNM. ***Office staff may not enter the prize drawings on behalf of clinicians.***

To participate, visit the provider section of [bcbsnm.com](http://bcbsnm.com) and click on *Blue Medical Education* under *News*. Follow the link to the BME e-mail form, provide the required demographic information, and answer the questions. We will print the correct quiz answers in the next issue of *Blue Review*.

### BME quiz questions

- Which of the following statements about NPI is **false**?
  - When submitting claims on the CMS-1500 (08/05), use the individual Type 1 NPI as the rendering provider in field 24j.
  - Your NPI replaces the DEA number when the latter is required for regulatory purposes.
  - Organizations such as group practices, clinics, and LLCs that provide health care services using employees or contractors need a Type 2 NPI.
  - Individual practitioners who are not incorporated must use their Type 1 NPI in both the rendering and billing fields on the CMS-1500 (08/05).
- Which of the following statements best describes provider discharge notification requirements for Medicare Advantage members?
  - Providers must deliver an advance, completed copy of form CMS-10095A to the member receiving HHA, SNF, or CORF services no later than two days before termination of service.
  - Providers are allowed to deviate from the context of form CMS-10095A.
  - Members cannot appeal the termination decision.
  - If the member does not sign for the notice, the notice is not valid, even if the provider documents the refusal to sign.
- Which of the following statements about Mesa Mental Health's (MMH) chemical dependency and postpartum depression projects is **false**?
  - MMH works closely with BCBSNM, hospital social workers, and discharge planners to identify members that need help with alcohol and other drug problems and direct them to appropriate interventions.
  - MMH has implemented a Postpartum Depression (PPD) Prevention Project to identify and refer women with significant PPD risk factors to assessment and preventive services.
  - Mesa Mental Health is encouraging participation in the PPD Prevention Project with an incentive that includes gift cards for visiting OB/GYNs.
  - The greatest predictor of treatment success with alcohol or drug problems is early engagement and long-term participation in a rehabilitative service.
- Which statement best describes the Blue Distinction recognition program for primary care physicians?
  - This is not a "pay-for-performance" program.
  - The program is voluntary and is in a pilot phase in New Mexico.
  - The Blue Distinction designation recognizes physicians who demonstrate a commitment to continuous learning, use systematic processes for clinical care and tracking, and achieve desired clinical outcomes.
  - All of the above.

### Answers to previous quiz questions (see Issue 5 for questions)

- d. *An undated progress note that does not identify the author of the note*
- False statement: b. *Your NPI will replace your tax identification number (TIN).*
- c. *Members eligible for benefits under Medicare Part A, no matter where in the sequence of payers Medicare falls*
- d. *Use of controller medications in asthma*

### Your chances of winning are better than ever

We did not receive any qualified entries from health care providers during the last quiz period, so there is no winner for the issue 5 BME quiz. That means providers who enter the quiz in this issue have an even better chance to win the \$300 grand prize at the end of the year! *Please see the BME instructions and rules at the top of this page.*

## New chemical dependency and postpartum depression projects from Mesa Mental Health

In response to recent data showing that BCBSNM members have a low utilization rate of chemical dependency services, Mesa Mental Health (MMH) recently launched the Alcohol and Other Drug (AOD) Engagement and Treatment Project to help identify appropriate members for chemical dependency assistance.

MMH works closely with BCBSNM and hospital social workers and discharge planners to identify members who need help with AOD problems and direct them to appropriate interventions. Clinical research confirms that the single greatest predictor of treatment success is early engagement and long-term participation in a rehabilitative service promoting abstinence from alcohol and drugs. Members who are identified as having AOD problems before leaving the hospital have a greater chance of attending an initial treatment visit and engaging in ongoing treatment.

Please help MMH identify members who might benefit from the AOD Engagement and Treatment Project – contact the MMH Clinical Director, Rick Vinnay, LISW, at **505-816-6700** with referrals or questions.

MMH also has implemented the Postpartum Depression (PPD) Prevention Project in conjunction with BCBSNM to identify and refer women with significant PPD risk factors to assessment and preventive services.

Each month, BCBSNM provides MMH with a list of eligible members. MMH contacts these members and provides them with two tools: a prenatal tool that screens for potential risk factors for major depression; and a postpartum tool that screens for actual symptoms of depression. Current data show that women who screen positively on the prenatal survey are three times more likely to show PPD symptoms on the postpartum survey. In addition, participants receive information about identifying PPD and natural ways to maintain

their emotional well-being during and after pregnancy.

To encourage participation, MMH is offering the following incentives to members:

- Elimination of the initial assessment payment portion
- Gift cards for completing the initial survey

If you have patients who you believe could benefit from the PPD Prevention Project, call **505-816-6791** or **800-333-8829** toll-free.



## Prime Therapeutics receives URAC accreditation

Prime Therapeutics, BCBSNM's pharmacy benefits administrator, recently achieved URAC Pharmacy Benefit Management (PBM) accreditation. URAC PBM accreditation is designed to encourage PBM industry best practices, promote quality improvement, and protect and empower consumers.

The URAC standards development process is consensus-driven. Hundreds of industry experts volunteer to establish

and revise appropriate industry benchmarks. The standards address many industry practices, including organizational quality, customer service, pharmacy distribution channels, formulary, and drug utilization management.

This accreditation ensures that Prime Therapeutics provides highest-quality services to providers and patients while maintaining efficient cost management.

## Drug List updates

The BCBSNM and Prime Therapeutics Pharmacy and Therapeutics Committee met August 28, 2007, and recommended the following changes to the BCBSNM Drug List:

### Brand-name medications added to second-tier copayment Effective October 1, 2007

Actonel® 75 mg Biltricide® Concerta® Cystagon™	Malarone® Primaquine Stromectol® Symbicort®
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### Brand-name medications moved to third-tier copayment Effective October 1, 2007

Third-tier brand	Second-tier alternatives	First-tier generic alternatives
Colestid® 1 gm tablets		colestipol
Cortef® tablets		hydrocortisone
Ethmozine®	mexilitine, procainamide	amiodarone, disopyramide, flecainide, propafenone, quinidine
Inderal® LA		propranolol extended-release
Lamisil®		terbinafine
Lotrel®		amlodipine/benazepril
MetroGel® 1%		metronidazole 0.75% vaginal gel
Norvasc®		amlodipine
Omnicef®		cefdinir
Toprol-XL®		metoprolol succinate extended-release
Zantac® syrup 15 mg/ml		ranitidine
Zofran® 24 mg		ondansetron

## Blue Care® Connection: Improving patient care

BCBSNM's medical management programs are available to members with diabetes; asthma; low back pain; and cardiac conditions such as coronary artery disease, congestive heart failure, hypertension, and chronic obstructive pulmonary disease.

Blue Care Connection disease management programs are designed to help improve the health of our members with chronic medical conditions through the help of our Blue Care Advisors (BCAs) – registered nurses who reach out to low- and moderate-risk members and engage them in our disease management program by

providing one-on-one telephonic health counseling and support. These nurses work with members in conjunction with their physicians, providing education on daily and long-term management of their conditions, facilitating compliance with treatment plans and medications, and monitoring outcomes. Members identified as high-risk or complex are referred to our Case Managers.

For more information about our programs and services, or for information regarding how to refer patients to our programs, call Brenda McGuill at 866-874-0912, then press \* 2080.



## Medical Policy updates

Approved new or revised Medical Policies and their effective dates are posted on our website the first day of each month. These policies may impact your reimbursement and your patients' benefits. To *View All Active Policies* or *View All Pending Policies*, select *Medical Policies* under *Provider Library* in the Providers section of [bcbsnm.com](http://bcbsnm.com). In addition, you may select *Draft Medical Policies* to view policies that are under development or are being revised and submit your comments via e-mail.

Some information on new or revised Medical Policies is also published in this newsletter for your convenience. However, please rely on our website for access to the most complete and up-to-date Medical Policy information. If you have questions about BCBSNM's Medical Policies, please contact Health Services at 505-816-2093.

Eff. Date	Policy #	Policy Name
11/01/2007	SUR706.009	Sleep Related Breathing Disorders, Medical and Surgical Management
11/15/2007	MED201.016	Transendoscopic Therapies for Gastroesophageal Reflux Disease (GERD)
11/15/2007	RX504.003	Intravenous Immunoglobulin (IVIG) Therapy
11/15/2007	ADM1001.005	Ambulance and Medical Transport Services
12/15/2007	THE803.008	Noncovered Physical Therapy Services
12/15/2007	MED207.129	Human Immunodeficiency Virus (HIV) Genotyping and Phenotyping
01/01/2008	MED202.047	Transcranial Doppler (TCD) Ultrasound

## The Provider Satisfaction Survey 2007 results are in!



THANKS!

This past spring, BCBSNM conducted its annual provider satisfaction survey, which was administered by The Myers Group, an independent survey research firm. The Myers Group collected responses from a random sampling of participating BCBSNM providers. Areas of assessment included customer service, provider relations, utilization and quality management, finance issues, pharmacy and drug benefits, continuity and coordination of care, and overall provider satisfaction.

Survey results show that BCBSNM scored significantly higher than other New Mexico health plans in customer service and accuracy and timeliness of claims processing. In the area of overall satisfaction and loyalty, 82.9 percent of providers were either "very satisfied" or "satisfied" with BCBSNM, compared to 75.3 percent satisfaction with other New Mexico health plans. In particular, we

are pleased that 92.8 percent of the physicians would recommend BCBSNM to other physicians and 91.4 percent would recommend our Plan to other patients.

Areas identified as opportunities for improvement were timeliness in answering questions and/or resolving problems, and customer service representatives' claims inquiry knowledge. Our quality review committees are analyzing these results to determine the best way to change our processes to achieve continuous improvement. Information about our initiatives will be addressed in future editions of *Blue Review*.

BCBSNM encourages your continued feedback. The annual survey is an important tool for developing a dynamic plan for continuous improvement and maintaining provider satisfaction. Thank you for participating.

## Coming soon: How to achieve Blue Distinction recognition



Select primary care physicians in internal medicine, family medicine, and general practice will be receiving information soon on how to apply for Blue Distinction recognition. This voluntary program is in a pilot phase and will be open to those physicians who are in the top percentiles for volume of BCBSNM patients, adjusted for geographic regions. The Blue Distinction designation will recognize physicians who demonstrate a commitment to continuous learning, using systematic processes for clinical care and tracking, and achieving desired clinical outcomes.

*This is not a “pay-for-performance” program. While it may eventually*

*evolve into such a program, BCBSNM is not convinced that what is referred to commonly as “pay for performance” leads to improved clinical outcomes. However, we strive to identify and recognize those physicians who have systematic workflows, demonstrate a commitment to continuous learning, work within a chronic care model, promote clinical preventive services, and/or contribute to desired clinical outcomes. Physicians who achieve Blue Distinction during the pilot phase will receive financial consideration as well as public recognition. As we learn from the pilot program, we expect the program to mature and evolve based on physician, member, and customer feedback.*

## Don't submit claims when treating immediate family members

Many providers treat their own family members, typically without obligation for payment. BCBSNM will not pay claims submitted for services rendered by or for immediate family members; therefore, BCBSNM does not expect to receive claims for these services. If BCBSNM determines that benefits have been paid in error, we will request a refund of the original payment.

Many professional medical organizations advise their members against treating themselves or their families.

### Examples of an immediate family member are:

- Spouse
- Parent – natural, adoptive, or stepparent
- Child or stepchild
- Sibling, stepbrother, or stepsister
- Father- or mother-in-law
- Son- or daughter-in-law
- Brother- or sister-in-law
- Grandparent
- Grandchild
- Spouse of grandparent or grandchild

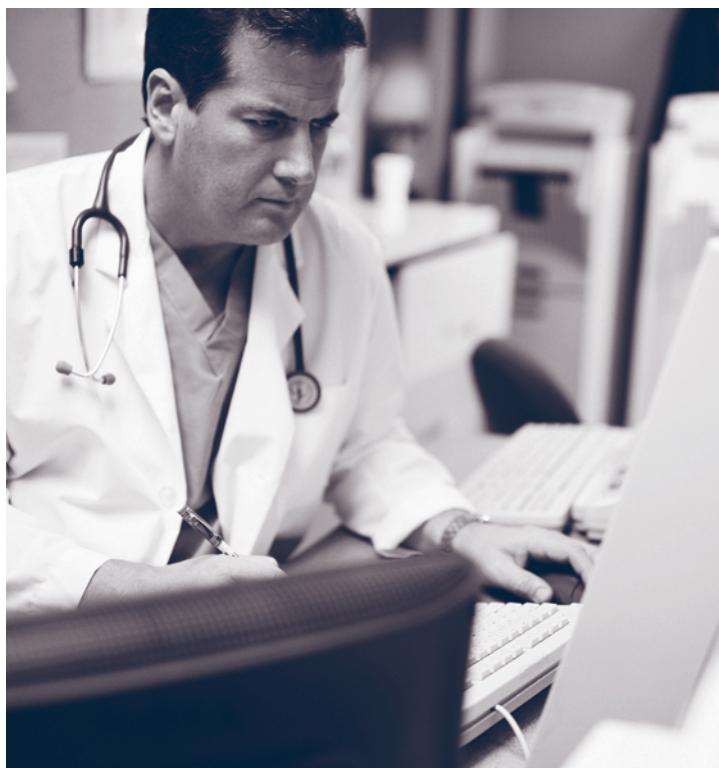


## 2008 Blues Provider Reference Manual coming soon

We are updating the *Blues Provider Reference Manual*. You will receive a postcard alert as soon as the new manual is available online. To view the current version of the *Blues Provider Reference Manual* and other resources, such as provider directories, Drug List information, Medical Policy information, provider forms, and electronic claims filing information, go to [bcbsnm.com](http://bcbsnm.com) and select *Providers*.

### Please note:

If you do not have Internet access, a CD-ROM version of the 2008 *Blues Provider Reference Manual* will be available in the first quarter of 2008. You may contact your provider representative to obtain the current version of the manual on CD-ROM or to get on the mailing list for a 2008 manual on CD-ROM.



## Newly updated: National guidelines for clinical preventive services

The Agency for Healthcare Research and Quality (AHRQ)'s *2007 Guide to Clinical Preventive Services* is now available. Based on recommendations from the U.S. Preventive Services Task Force (USPSTF), the guide contains recommendations and clinical considerations on 58 clinical preventive services made by the Task Force from 2001 to 2006.

The annually updated pocket guide puts evidence-based, "gold-standard" recommendations from the USPSTF at the point of care, maximizing preventive medical tests clinicians are able to provide to patients. This important resource supports clinicians in keeping their patients healthy.

AHRQ's *2007 Guide to Clinical Preventive Services* is available online at [ahrq.gov/clinic/pocketgd07/](http://ahrq.gov/clinic/pocketgd07/). You may also obtain a copy by calling 800-358-9295 or by e-mailing [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

## Medicare Severity Diagnosis-Related Groups alert for hospitals

The Centers for Medicare & Medicaid Services (CMS) adopted a Medicare Severity Diagnosis-Related Groups (MS-DRG) classification system for the inpatient prospective payment systems (IPPS) effective October 1, 2007.

Historically, BCBSNM has implemented the new grouper version on January 1; however, in 2008, there will be a different implementation date. The new ICD-9

Diagnosis and Procedure codes effective October 1, 2007 have been mapped to the current grouper version 24. The MS-DRG implementation will occur once BCBSNM has recalibrated weights and trims.

In January 2008, BCBSM will mail a letter to hospitals with more information about the anticipated rollout of MS-DRG in April.



**Blue Cross and Blue Shield  
of New Mexico**

P.O. Box 27630  
Albuquerque, NM 87125-7630

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Blue Review is your newsletter, provided to serve you as valued members of our provider community. Your views are important to us. If you have ideas for articles or suggestions on how we can improve this newsletter, please e-mail us at [mnetsrvs@bcsnm.com](mailto:mnetsrvs@bcsnm.com) or visit the provider area on our website and click on *Contact Us*.

**Have an idea?**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



# OFFICE Staff

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## Sending requested medical records to BCBSNM

At times BCBSNM requests medical records from providers via letter. If you receive such a request, please attach the letter to your medical records. The bar code on the request letter is scanned into BCBSNM's computer system, which allows the records to be cross-referenced and attached to their specific claim(s) easily.

The placement of the request letter when mailing or faxing is *very important*: return the request letter as the **first** item in the packet or the **first page** of the fax, with the medical records following. Send appeals or other correspondence to BCBSNM under separate cover. By following these tips, you can help BCBSNM expedite claims processing.



## Avoid out-of-area claim issues

At BCBSNM, we strive to process your claims quickly and accurately. To ensure that your claims for BlueCard® (out-of-area) members are processed in a timely manner, please follow these steps:

1. Submit all BlueCard claims to BCBSNM electronically, or via paper on the new CMS-1500 (08/05) claim form, to:  
**Blue Cross and Blue Shield of New Mexico**  
**P.O. Box 27630**  
**Albuquerque, NM 87125-7630**
2. Include the member's complete identification number, including the three-character alpha prefix, when you submit the claim. Submit claims with only valid alpha prefixes. Claims with incorrect or missing alpha prefixes and/or member identification numbers cannot be processed correctly.

3. When there is more than one payer and a Blue Cross and/or Blue Shield Plan is a primary payer, submit Other Party Liability (OPL) information with the Blue Cross and/or Blue Shield claim. Upon receipt, BCBSNM will route the claim electronically to the member's Blue Plan, which will then process the claim. BCBSNM will reimburse you for services.
4. *Do not send duplicate claims.* Sending another claim, or having your billing agency resubmit claims automatically, delays the claims process.

If you encounter a problem with an out-of-area claim, please call the BlueCard assistance line at **800-222-7992**.

## Provider network additions

John S. Caskey, MD, LLC  
Internal Medicine  
1421 Luisa Street, Suite I  
Santa Fe, NM 87505  
505-982-8338

Charles L. Secora, MD  
OB/GYN  
166 Hospital Drive  
Raton, NM 87740  
505-445-4111

Pueblo Anesthesia and Pain  
Services  
2990 Rodeo Park Drive East  
Santa Fe, NM 87505  
505-428-5400

# Claims inquiries? Call the Provider Service Unit (PSU) at 888-349-3706

Our PSU handles all provider inquiries about claims status, eligibility, benefits, and claims processing issues for BCBSNM members. For out-of-area claims inquiries, please call the BlueCard® PSU at 800-222-7992.

## Whom to call when?

- Our network contract representatives (“contractors”) are assigned specific types of contracts to give you a single expert to call if you have questions concerning a specific contract or general contract type.
- Each contractor is supported by a lead provider representative who coordinates contracts with standard pricing and assists with provider site visits and orientations.
- We also have a dedicated team of network provider service representatives who handle all general service inquiries, such as application information for new providers; updates to address, phone number, tax ID number; or other changes for existing providers in all areas.

## Network Services contacts and related service areas

<b>PROVIDER SERVICE REPRESENTATIVES</b> This team handles general questions for all areas.	<b>PROFESSIONAL CONTRACTING</b> Including allied health practitioners
Our Provider Service Representatives are available to assist you Monday through Friday, 8 a.m. to 5 p.m. <b>General department telephone numbers:</b> (505) 837-8800 or toll-free: 800-567-8540 <b>Direct fax numbers:</b> (505) 816-2688 or toll-free: 866-290-7718	<b>NORTHERN REGION</b> <b>Network Contract Rep:</b> JoAnn Ireland Telephone: 505-816-2159 <b>Lead Provider Rep:</b> Gina Gutierrez Telephone: 505-816-2156
<b>HOSPITAL CONTRACTING</b> Including acute care, behavioral health, and speciality hospitals <b>Network Contract Rep:</b> Open Telephone: 505-816-2139 <b>Lead Provider Rep:</b> Gina Gutierrez Telephone: 505-816-2156	<b>CENTRAL REGION</b> <b>Network Contract Rep:</b> Michelle Quintero Telephone: 505-816-2158 <b>Lead Provider Rep:</b> Liz Martinez Telephone: 505-816-2161
<b>GOVERNMENT PROGRAMS CONTRACTING</b> Including Blue Medicare PPO <sup>SM</sup> Contact your provider representative for assistance with your questions.	<b>SOUTHERN REGION</b> <b>Network Contract Rep:</b> Jill Billingsley Telephone: 505-816-2143 <b>Lead Provider Rep:</b> Jan Montoya Telephone: 505-816-2303
<b>ANCILLARY CONTRACTING</b> Divided by type of ancillary service, including vendors	
<b>Network Contract Rep:</b> Rick Bogle Telephone: 505-816-2145 <b>Lead Provider Rep:</b> Jan Montoya Telephone: 505-816-2303 <ul style="list-style-type: none"> <li>• Air ambulance</li> <li>• Durable medical equipment, home health, home IV, hospice, and supplies</li> <li>• Freestanding ambulatory surgical centers south of I-40</li> <li>• Freestanding and statewide laboratories</li> <li>• McKesson Specialty Pharmacy</li> <li>• Radiology providers</li> <li>• Rehabilitation hospitals (excluding Rehabilitation Hospital of New Mexico [Lovelace])</li> </ul>	<b>Network Contract Rep:</b> Joyce Hamblet Telephone: 505-816-2146 <b>Lead Provider Rep:</b> Liz Martinez Telephone: 505-816-2161 <ul style="list-style-type: none"> <li>• Birthing centers</li> <li>• Bone density centers</li> <li>• Cardiac rehabilitation facilities</li> <li>• Diabetes/nutrition centers</li> <li>• Freestanding ambulatory surgical centers north of I-40</li> <li>• Freestanding dialysis facilities</li> <li>• Mesa Mental Health</li> <li>• Skilled nursing facilities</li> <li>• Sleep study centers</li> </ul>

## Provider discharge notification requirements for Medicare Advantage members

Under the Medicare Advantage (MA) program, home health agencies (HHAs), skilled nursing facilities (SNFs), and comprehensive outpatient rehabilitation facilities (CORFs) are **required** to provide a specific CMS-approved notice to MA members alerting them that Medicare-covered items and/or services are ending and to give members the opportunity to request an expedited determination from a quality improvement organization (QIO).

An MA provider must deliver an advance, completed copy of **Form No. CMS-10095A** to the MA member receiving HHA, SNF, or CORF services **no later than two days before the termination of services**. The delivery of this notice fulfills the requirement for 42 CFR, §422.624(b)(2).

This is a standard notice. Providers may not deviate from the content of the form except where indicated. (The form may be modified for mass printing to indicate the kind of service being terminated if only one type of service is provided, e.g., skilled nursing, home health, or comprehensive outpatient rehabilitation.) Providers can download the Notice of Medicare Noncoverage (Form No. CMS-10095A) from the Centers for Medicare and Medicaid Services (CMS) website: [cms.hhs.gov/BNI/09\\_MAEDNotices.asp](http://cms.hhs.gov/BNI/09_MAEDNotices.asp).

The notice must be delivered “validly.” Valid delivery means the member must be able to understand the purpose and contents of the notice in order to sign for receipt. The member must be able to understand that he or she may appeal the termination decision. If the member is not able to comprehend the contents of the notice, it must be delivered to and signed by an authorized representative of the member.

Valid delivery does not preclude the use of assistive devices, witnesses, or interpreters for notice delivery. Thus, if a member is able to comprehend the notice, but is physically unable to sign it, needs the assistance of an



interpreter to translate it, or needs an assistive device to read or sign it, valid delivery may be achieved by documenting the use of such assistance. If the member refuses to sign the notice, the notice is still valid as long as the provider documents that the notice was given but the member refused to sign it.

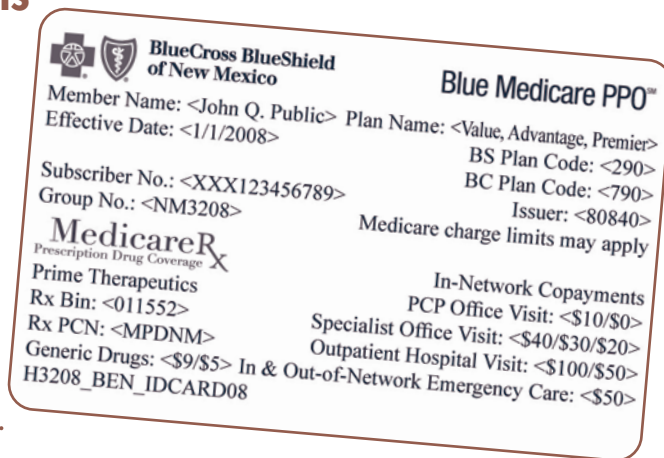
If you have questions about this important reminder, contact Connie Morton, Utilization Management RN, at 505-816-2084.

## Blue Medicare PPO 2008 plan options

Beginning in January 2008, Blue Medicare PPO will offer three different plan options to its members: **Value**, **Advantage**, and **Premier**.

New Blue Medicare PPO member ID cards, which will be mailed to members, will identify which plan option the member has chosen and will help office staff determine the correct copayment amount to collect.

**Please note: Office staff should copy both sides of the ID card for the patient's record.**



## Physician Scarcity Area (PSA) bonus

Section 413(a) of the Medicare Modernization Act (MMA) requires Medicare to pay an additional 5 percent bonus to physicians rendering services in a designated Physician Scarcity Area (PSA). The PSA bonus is payable for dates of service January 1, 2005, through December 31, 2007. It will expire on January 1, 2008.

### Blue Medicare PPO Key Contacts

<b>Utilization Management (UM)</b> Preauthorization and out-of-network referrals Case Management (CM) programs Disease Management (DM) programs CM, DM, preauthorization fax	800-325-8334 800-325-8334 866-874-0912, *2080 505-816-3608
<b>American Imaging Management (AIM)</b> Call center/preauthorization Website Fax	866-745-1789 americanimaging.net 800-610-0050
<b>Participating labs</b> Quest Diagnostics SED Medical Laboratories Tricore Reference Laboratories	800-232-3766 800-999-5227 800-245-3296
<b>Electronic/paper claims questions or problems</b> The Availity Health Information Network Website	800-282-4548 availity.com
<b>Blue Medicare PPO claims address</b> (for submission of paper claims)	Blue Medicare PPO P.O. Box 3567 Scranton, PA 18503
<b>Behavioral health services</b> Mesa Mental Health ( <i>preauthorization only</i> ) Blue Medicare PPO provider Customer Service ( <i>for benefits, eligibility, or claims status</i> )	800-583-6372 866-706-7745 Monday - Friday, 8 a.m. - 5 p.m.
<b>Blue Medicare Rx</b> MAPD Customer Service and preauthorization MAPD pharmacy help desk PDP Customer Service and preauthorization PDP pharmacy help desk	888-277-5507 800-693-7018 888-285-2254 800-693-7018





P.O. Box 3548  
Albuquerque, NM 87190  
(866) 796-9121  
(505) 796-9121  
www.nmtod.com

In each issue of *Diabetes Resources* we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing** two to four times per year, **Blood pressure screening** at every visit, and **annual Cholesterol testing**. Additional clinical information is also provided. A **dilated eye exam, sensory foot exam and screening for kidney disease** each are recommended annually. **Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the *New Mexico Adult Diabetes Practice Guideline 2007*, please see the reverse side of *Diabetes Resources* for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check [www.nmtod.com](http://www.nmtod.com) for organizations that have graciously provided funding for *Diabetes Resources*.

New Mexico Health Care Takes On Diabetes is a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health, and the New Mexico Medical Review Association, with technical and administrative support from the American Diabetes Association.

# Diabetes Resources

## Practical Information for New Mexico Health Care Professionals



A quarterly publication for clinicians caring for people with diabetes – Vol. 8 No. 3, 2007

## Diabetes and Influenza and Pneumococcal Risks

Diabetes is one disease with many risks including acute complications from infections. For people with diabetes, influenza and pneumococcal vaccines can reduce the number of respiratory infections, the number and length of hospitalizations for respiratory infections, the number of deaths from these infections, and medical expenses associated with influenza and pneumonia<sup>1</sup>.

### The Issues:

- ❖ Influenza vaccination rates in diabetes patients remain low. Only 40 to 50 percent of people with diabetes get vaccinated each year.<sup>2</sup>
- ❖ Influenza and invasive pneumococcal disease can be deadly for people with diabetes who may have abnormal immune function and comorbid conditions, e.g., renal and heart disease.
- ❖ Prevention is critical in reducing morbidity and mortality from complications of influenza in patients with diabetes.<sup>3</sup>
- ❖ Common acute complications include secondary bacterial pneumonia, pneumococcal sepsis, meningitis, sinusitis, and bronchitis.<sup>2</sup>
- ❖ Pneumococcal vaccine is also recommended for all adults with diabetes. Pneumococcal pneumonia causes approximately 50 percent of community acquired pneumonias.<sup>4</sup>
- ❖ Influenza can exacerbate underlying diabetes, asthma, chronic obstructive pulmonary disease (COPD), and cardiovascular conditions.
- ❖ Evidence found more than 70 percent reduction in hospitalizations and death among adults with diabetes receiving influenza vaccinations.<sup>5</sup>

### Key Recommendations:

#### Influenza Vaccine

- ❖ Centers for Disease Control and Prevention (CDC) encourages all adults with diabetes to receive the inactivated influenza vaccine given as an injection starting between October and November, as the influenza season usually starts in December and peaks in January. Vaccination may continue through March for patients who have not received the vaccine earlier. The flu vaccine becomes effective two to four weeks after the injection.<sup>6</sup>
- ❖ Close household contacts, including children older than 6 months, and all caregivers of anyone with diabetes should be vaccinated.
- ❖ Vaccination of health care workers (HCWs) are also strongly recommended to reduce virus transmission from HCWs to their patients.
- ❖ The live, attenuated vaccine (FluMist) is not indicated for people with diabetes.<sup>2</sup>

#### Pneumococcal Vaccine

- ❖ All persons with diabetes age 2 years and older should be vaccinated – any time of the year.
- ❖ Pneumococcal and influenza vaccines can be given at the same visit in separate arms/sites.
- ❖ One revaccination is indicated for two populations with diabetes<sup>3,6</sup>:
  - ❖ Patients with HIV, hematologic malignancy, chronic renal failure, organ transplant, and on chronic corticosteroid treatment: after three years if under age 10, after five years if age 10 and up.
  - ❖ If first dose was received before age 65 and it has been five or more years since first dose.

<sup>1</sup> Nichol KL, Lind A, Margolis KL, et al. The effectiveness of vaccination against influenza in healthy, working adults. *N Engl J Med* 1995;333:889-93.

<sup>2</sup> National Foundation for Infection Diseases. Improving influenza vaccination rates in adults and children with diabetes. In: Call to Action. Bethesda, MD: NFID; 2007.

<sup>3</sup> Influenza and Pneumococcal Immunization in Diabetes. *Diabetes Care* 2004;27(9):1118-3.

<sup>4</sup> Shorr A. Preventing Pneumonia: The Role for Pneumococcal and Influenza Vaccines. *Clinics. Chest Medicine* 2005;26:123-34.

<sup>5</sup> National Foundation for Infection Diseases (NFID). NFID urges increased influenza vaccination rates for persons with diabetes. Bethesda, MD; 2007 Feb 21, 2007.

<sup>6</sup> Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). July 28, 2006/55(RR10);1-42. [www.cdc.gov/flu/professionals/vaccination](http://www.cdc.gov/flu/professionals/vaccination).

## Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at [www.nmtod.com](http://www.nmtod.com). For further information contact Charm Lindblad, Executive Director, at 505.796.9121 or toll-free 1.866.796.9121.

**Vaccination Benefits and Risks for Adults with Diabetes: A Provider Resource**—This provider tool is a summary of the precautions and side effects for recommending both the influenza and pneumococcal vaccines.

**Adult Immunization Resources**—The Clinical Prevention Initiative (CPI), a collaboration of the New Mexico Medical Society and the New Mexico Department of Health, provides current information about influenza and pneumococcal vaccines. [http://nmms.org/subpages/NMMS\\_Immunization.htm](http://nmms.org/subpages/NMMS_Immunization.htm). Or visit the Centers for Disease Control and Prevention at [www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf).

**Influenza Immunization Materials and Tools: Provider and Patient Resources**—The New Mexico Medical Review Association offers materials and tools to help providers and organizations facilitate adult immunizations. Materials include campaign tool kits, sample forms, shot tracking posters, chart flags, vaccine stickers, updates on Medicare payment rates for adult immunizations and more. Many tools are specifically designed to reach patients and health care workers in nursing homes, home health agencies, hospitals and physician offices. For more information, visit [www.nmmra.org/resources/?for=p](http://www.nmmra.org/resources/?for=p) (scroll down to “Immunizations”).

**The New Mexico Department of Health - Immunizations: A Provider and Patient Tool**—The New Mexico Department of Health’s Public Health and County Health Offices provide child and adult immunizations. Call your local Public or County Health Offices for times and locations. A list of phone numbers for the health offices is provided at [www.nmtod.com](http://www.nmtod.com).

**Nurse Advice New Mexico: A Patient Tool**—Nurse Advice New Mexico is a 24-hour phone line available to all New Mexicans. New Mexico nurses staff a line specific to flu questions and shot clinics, answering questions and directing callers to local community resources.

*\* These tools are not intended to serve as complete and full education. The education tools are made available in a written form for the professionals and patients, to assist in lifestyle changes. More complete patient specific education can take place with a registered dietitian and/or a certified diabetes educator.*

**Websites**—The editorial committee has identified websites that you may find informative:

- ❖ Centers for Disease Control and Prevention Influenza and Vaccine Key Facts: [www.cdc.gov/flu/keyfacts.htm](http://www.cdc.gov/flu/keyfacts.htm); CDC Diabetes and Flu/Pneumococcal Campaign: [www.cdc.gov/diabetes/projects/cdc-flu.htm](http://www.cdc.gov/diabetes/projects/cdc-flu.htm)
- ❖ American Diabetes Association Diabetes and Annual Flu Vaccination: [www.diabetes.org/diabetes-research/summaries/Looijmans-Van-den-Akker-get-annual-flu-vaccination.jsp%20](http://www.diabetes.org/diabetes-research/summaries/Looijmans-Van-den-Akker-get-annual-flu-vaccination.jsp%20); ADA general website: [www.diabetes.org](http://www.diabetes.org)
- ❖ National Foundation for Infectious Diseases – Call to Action – Influenza Vaccination and Diabetes: [www.nfid.org/pdf/publications/calltoactiondiabetes.pdf](http://www.nfid.org/pdf/publications/calltoactiondiabetes.pdf)
- ❖ New Mexico Department of Health Diabetes Prevention and Control Program – Flu and Pneumonia Shots: [www.diabetesnm.org/programs/flu.htm](http://www.diabetesnm.org/programs/flu.htm); NMDOH general website: [www.diabetesnm.org](http://www.diabetesnm.org)
- ❖ New Mexico Department of Health Immunizations Program: [www.health.state.nm.us/immunize/flu.html](http://www.health.state.nm.us/immunize/flu.html) and [www.health.state.nm.us/flu/](http://www.health.state.nm.us/flu/)
- ❖ Immunization Action Coalition: [www.immunize.org](http://www.immunize.org)
- ❖ National Network for Immunization Information: [www.immunizationinfo.org](http://www.immunizationinfo.org)
- ❖ For American Indian/Alaskan Native Vaccination Protect the Circle of Life: Immunize Our Nations [www.cdc.gov/vaccines/spec-grps/ai-an.htm](http://www.cdc.gov/vaccines/spec-grps/ai-an.htm)
- ❖ National Diabetes Education Program: [www.ndep.nih.gov](http://www.ndep.nih.gov)
- ❖ National Institutes of Health: [www.niddk.nih.gov/health/diabetes/diabetes.htm](http://www.niddk.nih.gov/health/diabetes/diabetes.htm)

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website\*: [www.nmtod.com](http://www.nmtod.com)

*\*Please note that these websites do not necessarily represent the views of NMHTOD. They are listed for your reference and convenience. NMHTOD does not evaluate websites for content accuracy or application to any clinical situation.*

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