



Network Participation

Learn about joining the BCBSNC provider network and start the application process today!



Overview



- + Steps for joining the network
- + Credentialing
- + Council for Affordable Quality Healthcare (CAQH)
- + BCBSNC Enrollment
- + What's next?
- + Additional provider resources





Steps for joining the BCBSNC provider network

Submit a credentialing application



- + The first step to become a BCBSNC participating provider is to complete the credentialing process. This process evaluates a provider's qualifications to practice in their chosen field and ability to deliver in-network healthcare services to our members.
- + The [credentialing application](#), along with instructions, is available on the BCBSNC Web site for providers. The credentialing application must be completed and returned to BCBSNC before you can complete enrollment and become eligible to provide in-network services to our members.
- + The credentialing process can take 60-days to complete once we're in receipt of your completed application and all requested supporting documentation.

Submit a provider enrollment application



- + Before you can provide in-network services to BCBSNC members you must enroll with BCBSNC. This is a separate process from credentialing and it's recommended that enrollment be initiated at the same time as the credentialing process.
- + BCBSNC [enrollment applications](#) are available on our Web site for providers. Once your application is completed you should submit it to BCBSNC at the same time you submit your credentialing paperwork.
- + Provider enrollment begins automatically upon credentialing approval by BCBSNC – but only after a completed enrollment application is received by us.

Request participation agreements



- + Once credentialing and enrollment is complete, a member of the Contracting team will reach out to you directly to complete the participation agreement.
 - + This is applicable only if you are not joining an existing network participating practice/group.
- + It is important to note that if you are wanting to participate in our Blue Medicare HMOSM and Blue Medicare PPOSM lines of business, you will need to contact the Contracting team directly to request the participation agreement.

Please direct all contracting inquiries to
NM.Contracting@bcbsnc.com.

Sign-up for electronic resources



- + When you need to verify a patient's benefits, check claim status, get preauthorization for a patient, and print a remittance advice, [Blue e](#) is the tool to help you get the information you need faster.
- + For Blue Medicare members, you can sign-up for free with HealthTrio to check eligibility and claim status.
- + Do you want to avoid going to the bank to deposit checks? Would you like to receive reimbursement faster? If yes, then [electronic funds transfer](#) (EFT) is for you!
- + Be sure to also sign-up for our [email registry](#) and receive timely updates and information from BCBSNC, which can affect you and your patients.

Steps for joining our network



- 1) Complete a credentialing application and submit it to BCBSNC.
- 2) Complete a enrollment application and submit it to BCBSNC.
- 3) Send BCBSNC all requested supporting documentation.
- 4) Request and obtain a participation agreement from BCBSNC.
- 5) Sign-up for EFT and our other electronic services and tools.

Important!

Until a provider has been notified in writing by BCBSNC with verification of the effective date(s) for their individual; credentialing approval, BCBSNC enrollment, and acknowledgement by BCBSNC of a BCBSNC-signed contractual agreement, the provider is not yet eligible to provide in-network services to our members.

Benefits of joining the BCBSNC network



+ Benefits of contracting/participating with BCBSNC include:

- ❖ Claims settlement and eligible payments can be sent directly to you
- ❖ You'll receive access to our members as a in-network provider for their healthcare services*
- ❖ Faster answers to your claim inquiries and other questions.
- ❖ You'll be listed in our provider directories*
- ❖ Online access to view patient eligibility, member's benefits, and detailed information about claims processed

*Only a provider contracted for participation in a specific BCBSNC product-line are eligible to provide in-network services to members enrolled in those products or be listed in provider directories applicable to a specific product-line. As example, a provider contracted to provide services to BCBSNC commercial members but not contracted to provide services to Medicare Advantage members would be eligible to provide in-network services to BCBSNC commercial members, however ineligible to provide in-network care to BCBSNC Medicare Advantage members.



Credentialing



Credentialing

- + BCBSNC credentials all eligible practitioners of care, ancillary and facility providers applying for membership in the network(s) and re-credentials BCBSNC contracted practitioners, ancillary and facility providers every three years.
- + To view a listing of provider types that are eligible to credential with BCBSNC, please see the Credentialing website on the Provider Portal at <http://www.bcbsnc.com/content/providers/application/index.htm>.



Credentialing guidelines

- + Credentialing guidelines are followed for all managed care practitioners, ancillary providers, and facilities applying for participation in a BCBSNC network.
- + The guidelines have been adopted by BCBSNC and adhere to the guidelines established by the National Committee for Quality Assurance (NCQA) and the North Carolina Department of Insurance (NCDOI). NCQA is responsible for accrediting Managed Care Organizations (MCO's) using specific standards for credentialing, quality management, utilization management, member rights and responsibilities, preventive health, and medical records. The NCDOI is the regulatory body for the state of North Carolina for managed care organizations.



Submit a credentialing application to BCBSNC

- + When completing the application it's important to fill in all required fields completely – leave no gaps (put N/A if the question is non-applicable) – and attach all requested documents as outlined for your specialty of care.
- + To aid you in completing the credentialing process, both the professional and facility [credentialing instructions](#) are available online from our Web site for providers.

Once you've prepared your credentialing application (correctly known as a Uniform Application to Participate as a Healthcare Practitioner application) follow the submission directions and send the application along with all the requested documentation to: BCBSNC.

Send completed credentialing applications to BCBSNC



Blue Cross and Blue Shield
of North Carolina
ATTN: Credentialing Department
P.O. Box 2291
Durham, NC 27702

Reach us by fax at 919.765.7016



Submitting a credentialing application is only part of the process

- + BCBSNC's receipt of an application or agreement does not guarantee acceptance into any network.
- + The credentialing process can take up to 60-days* from our receipt of the application; providers will remain non-participating for our networks until their credentialing application has been approved by our credentialing subcommittee.
 - ❖ However, if all required information is not provided with the application and/or clarifications or corrections are needed, the credentialing process may exceed 60-days.
- + BCBSNC does not allow providers to participate in any network until their credentials have been approved by our credentialing subcommittee.
- + We will not back-date network participation to a date prior to the credentialing subcommittee's approval date.



Credentialing next steps

- + BCBSNC will notify you of our receipt of your application within 15-days, any missing information will be requested at that time. If any of the requested information is not provided the application will be **closed** 60-days from it's receipt by us.
- + Upon completion of the credentialing process and approval by our credentialing subcommittee, you will be notified of your credentialed effective date with BCBSNC.

For specific credentialing questions contact:

- credentialing@bcbsnc.com
- Patty Black 919.765.3492 / Patty.Black@bcbsnc.com
- Thomas Maunz 919.765.4235 / Thomas.Maunz@bcbsnc.com



Council for Affordable Quality Healthcare (CAQH)



Are you credentialing for multiple payers?

- + Blue Cross and Blue Shield of North Carolina (BCBSNC), working with the Council for Affordable Quality Healthcare (CAQH), is committed to streamlining the administrative process for physicians and other health care providers.
- + BCBSNC has been an active participant in CAQH's efforts to help eliminate the need for physicians and other health care providers to fill out and submit multiple credentialing and re-credentialing applications.

CAQH Universal Provider Datasource



- + The CAQH Universal Provider Datasource (UPD) is the trusted source and industry standard for collecting provider data used in credentialing, claims processing, quality assurance, emergency response, member services and more. By streamlining data collection electronically, UPD is reducing duplicative paperwork and millions of dollars of annual administrative costs for one million physicians and other health professionals, as well as over 650 participating health plans, hospitals and healthcare organizations.



Benefits of CAQH's credentialing process



- + CAQH offers an innovative credentialing process that allows each physician or healthcare provider to submit just one standard application to a single database, which has been designed to meet the informational needs of participating health plans.

- + **Benefits include:**
 - ❖ Easy online or fax submission of information.
 - ❖ Providers can easily update their information anytime and will be asked quarterly to verify the accuracy of the information on file.
 - ❖ BCBSNC can access the credentialing information anytime as long as the provider has given authorization.
 - ❖ BCBSNC will continue to conduct data verification and review and makes an independent decision about whether a provider meets our standards for participation.



About CAQH's data collection

- + There is no cost for physicians and other healthcare providers to submit information to the credentialing data collection system. The costs associated with developing and maintaining the system are paid by the participating CAQH health plans.
- + In developing the system, CAQH worked closely with health plans, providers, professional associations and accreditation organizations to help make the system meet the needs of all involved in the credentialing process. CAQH selected GeoAccess, a leader in health care data management, as its technology partner. GeoAccess collects, maintains and secures all data in its state-of-the-art data center.



How does it work?

- + Physicians and other healthcare providers submit their credentialing information to the system database online, or via fax. Organizations requiring provider credentials access the system for the information they require. The CAQH database administrator contacts physicians and other healthcare providers quarterly to update or validate the information via email or fax, and will provide information only to organizations the provider has authorized. BCBSNC will automatically be notified of any updates or changes to provider information.

Credentialing Made Easy



- + A CAQH assigned provider number must first be obtained by individual providers prior to utilizing the CAQH Universal Credentialing Data Source.
- + Upon completion and submission of the [online form](#), BCBSNC will respond back to the requestor via email with a CAQH provider number. This will be used when accessing the CAQH Web page.



Getting started

- + Providers can access CAQH via the Internet at <http://www.caqh.org>. You will use a personal ID and password to directly access the database over the Internet.
- + Providers may transmit the completed application electronically, or if they do not have Internet access, may call the CAQH Help Desk at 1-888-599-1771 and request an application to be sent by mail. The provider simply completes the paper copy and faxes it back to a toll-free number.



Notify BCBSNC when the application is ready

- + Providers utilizing the CAQH application for credentialing will receive an “Initial Application Complete” notice from CAQH, once the process has been completed. The notice arrives from CAQH by email and it will be necessary for you to forward that email to BCBSNC at credentialing@bcbsnc.com. Forwarding the email notification from CAQH advising that your initial application is complete will alert us that the application is now available for our use to begin the credentialing process at BCBSNC. If you do not forward us this notice, we will not know the application is available.
 - ❖ To learn more about CAQH and the CAQH UCD, please visit CAQH’s Web site at CAQH.org and view an online demonstration of the system.
 - ❖ If you have questions with CAQH on how to complete the application, please contact them directly at 1.888.600.9802 for assistance.



BCBSNC enrollment



Enrollment requirements

- + To be eligible to receive payments and provide services as an in-network provider you must be enrolled, must be credentialed, must have your National Provider Identifier (NPI) registered with BCBSNC and have a contract with BCBSNC.
- + If a provider not has not completed enrollment with BCBSNC and contracted with BCBSNC, any eligible payments are paid to the BCBSNC subscriber.
- + Completion of any of our applications does not authorize participation in BCBSNC networks. A provider must be credentialed and have an executed contract in order to be considered a in-network provider.



Enrollment applications

- + BCBSNC requires each new provider to complete an enrollment application. Additionally, BCBSNC requires any new provider-group to also submit a group enrollment application.
 - ❖ 1 new provider = 1 provider enrollment application
 - ❖ 1 new provider-group = 1 new provider-group application + the applications for any new providers in that provider-group
- + [Applications](#) are available on our Web site for providers. When completing an application please be sure to answer all of the questions asked. If a field on the application is left blank the application will be returned, so if a question isn't relevant please respond N/A (non-applicable) indicating to us that the question wasn't overlooked



W-9 Forms

- + When preparing an enrollment application please include a completed Taxpayer Identification Number W-9 form. The W-9 form must indicate the legal name of the individual, group, corporate entity or partnership on line 1 and any DBA name (if applicable) on line 2. This should be the same information on record with the Internal Revenue Service. The address should indicate the location you would like your 1099's sent to for IRS reporting purposes.

Items you'll need
to provide:
W-9 Form
Copy of current
medical license
Letter of intent to
contract

Completed enrollment forms should be sent to us at:
BCBSNC
P.O. Box 2291
Durham, NC 27702
Fax: 919.765.4349



Register your NPI's

- + Registering your National Provider Identifier (NPI) with BCBSNC is necessary to file claims for services provided to BCBSNC members.
- + To receive eligible payments providers must have an active NPI registered with BCBSNC, as well as completed credentialing and have in receipt an executed contract from BCBSNC.
 - ❖ You will be requested to supply both a claims submission NPI and a payment NPI during the set-up process. The claims submission NPI will be accepted on electronic claims. The payment NPI(s) will indicate where all BCBSNC payments are to be directed. This allows you to determine if multiple payments are to be received from BCBSNC.
 - ❖ It is important to note that some providers have requested the option to submit claims using several different NPIs, but direct payment to only one NPI.



Enrollment reminder

- + Please remember that until a provider has been notified in writing by BCBSNC with verification of the effective date(s) for their individual; credentialing approval, BCBSNC enrollment, and acknowledgement by BCBSNC of a BCBSNC-signed contractual agreement, the provider is not yet eligible to provide in-network services to our members.
- + If opening a new group location:
 - ❖ Each eligible provider must be credentialed with an approved BCBSNC effective date
 - ❖ BCBSNC enrollment applications, W-9's, and NPI's are required for each eligible provider and the group entity
 - ❖ The group must have acknowledgement by BCBSNC of a BCBSNC-signed contractual agreement with the group prior to your providing in-network services to our members



What's next?

Fee allowances



- + BCBSNC reports fee allowance information for our commercial contracts in the form of fee schedules offered for participating (in-network) physicians. Participating providers with access to Blue eSM have the ability to view their fee schedule. Participating providers who want to view a special, supplemental or Medicare Advantage fee schedule (as applicable to their contractual agreements with BCBSNC) may [contact their Network Management service representative](#) to request a copy. *Please note that, currently, the fee schedule information displayed in Blue e applies to the “MD” specialty only.*
- + You must be enrolled in Blue e to view your fee schedule information. If you're not enrolled in Blue e, it's easy - just complete the Blue e Interactive Network Agreement on our Web site for providers at [Electronic Solutions](#).
 - ❖ If you have questions about the fee schedule, and you're already enrolled in Blue e, contact your [Network Management service representative](#).



Sign-up for Blue e is easy!

- + To utilize Blue e providers you must register your NPI with BCBSNC.
- + Complete the Blue e [Interactive Network Agreement](#) available online.
- + After your completed forms are received eSolutions will process your setup request.
- + An eSolutions analyst will then contact you via. email to provide you with your User ID and password, as well as instructions for using the Blue e system.
- + You can expect to be using Blue e within two weeks of our receipt of the completed Interactive Network Agreement.



Sign-up for HealthTrio

- + Web portal connecting providers to BCBSNC Medicare Advantage members' eligibility and claims information
 - ❖ Applicable for Medicare PPOSM and Blue Medicare HMOSM
- + With HealthTrio, providers can:
 - ❖ Verify member eligibility and benefits information
 - ❖ Verify provider information
 - ❖ Check claim status
- + Registering for HealthTrio
 - ❖ Go to www.healthtrioconnect.com
 - ❖ Select the link for Providers to register.
 - ❖ Print, complete, and fax the last page of the document accessed via the Print Security Agreement hyperlink to the fax number on the form.
 - ❖ Activation will not be enabled until the security agreement is received



EFT - Benefits to the Provider

- + Cost reduction/elimination associated with paper checks being sent to lockboxes
- + Increases and improves cash flow management
- + Eliminates the risk of payments being lost in the mail
- + Eliminates the process of physically going to the bank to deposit claims payments made by BCBCNC - *Go Green!*



EFT for Fastest Reimbursement

+ Access Blue e to complete the enrollment form or visit us online at:

www.bcbsnc.com/providers.

–The form is available for download from the “Network Participation” page, as well as the “Forms and Documentation” page.

+ There is no cost for the service.

What's the secret to improved cash flow and faster reimbursements?

BCBSNC Electronic Funds Transfer

Electronic Funds Transfer (EFT) is your easiest and most convenient choice for receiving reimbursement from Blue Cross and Blue Shield of North Carolina.

Benefits:

- + Fastest reimbursement option! Payments transferred electronically post to your account before normal checks, making your funds accessible sooner.
- + Predictable transfer of funds. Eliminating mail time and bank deposit holds can improve your overall cash flow management.
- Less paperwork and lower administrative costs — no more time spent opening envelopes and endorsing bank checks, preparing deposits and making trips to the bank.
- + Reduced opportunity for error or theft.
- + Deposits are made directly into a designated bank account of your choosing.
- + Possible elimination or reduction of lockbox service fees.
- + EFT paperless reimbursement helps preserve our environmental resources.

Security:

- ▶ EFT offers security by using the same reliable network used by federal banks and government institutions.
- ▶ EFT is confidential, payments are transferred electronically and pass through fewer hands than a check.
- ▶ EFT eliminates the risk of lost or stolen checks.

Next Steps:

- ▶ Access *Blue eSM* to complete the enrollment form — if you do not have access to *Blue eSM*, please complete the attached form.
- ▶ Concerned about disclosing bank information? Ask your financial institution about ACH block.
- ▶ Concerned about associating EFT to ERA? Ask your financial institution about viewing ACH addenda records.

Sign-up is easy and there's no cost for the service!

Simply complete the following form, attach a voided check and return to BCBSNC.

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eBusiness – Electronic vs. Paper?

- + The chart highlights what is available for providers to receive electronically vs. paper.
 - Providers can streamline their manual workflow processes by implementing these e-commerce options; enrollment forms are available on Blue e or via the Forms & Documentation page on the Provider Portal.

Lines of Business	Electronic Funds Transfer (EFT)	Electronic Explanation of Payments (EOP)	Paper Explanation of Payment (EOP)	HIPAA 835 Remittance
Commercial / State Health Plan				
ASO				
Federal Employees Program (FEP)	<i>coming in 2013</i>			
Blue Medicare HMO Blue Medicare PPO		*		

*Blue Medicare EOPs can be obtained via HealthTrio, as well as Blue e.



Provider Portal

Have you visited us on the Web lately?

Provider Portal highlights include:

- + [Provider newsletters](#) – BlueLink and Blue Medicare
- + 24/7 virtual provider [e-learning center](#)
- + Interactive provider [forms](#), [documents](#) and [manuals](#)
- + Quick access to [BlueCard®](#), [Blue Medicare®](#), and [Dental Blue®](#) information

Blue Cross Blue Shield of North Carolina Providers

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- Eligibility
- Benefit Verification
- Claim Status
- Renewance Inquiry

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Find all of the [forms](#) you need in one convenient place, including appeals forms, enrollment applications and credentialing forms.

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Discover how Blue e can help you manage [claims](#), [eligibility](#) and [renewal](#) inquiries.

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Check it out and take a tour!

Important News – *Be in the know*



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www.bcbsnc.com/providers

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- Eligibility
- Eligible Verification
- Claim Status
- Remittance Inquiry

Medical Providers | Dental Providers | Blue Medicare Providers | Standards and Requirements

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Provider Newsletters

BlueLink and Blue Medicare



Volume No. 16 Issue No. 2

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Inside:

Highlights and Accomplishments	3
Pharmacy News	7
News and Updates for Blue e Users	10
Inter-Plan Programs: Updates and Reminders	11
State Health Plan News	12
BCBSNC Updates and Reminders	15

- Physicians/Specialists
- Facilities/Hospitals
- Ancillary
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For articles specific to your area of interest, look for the appropriate icon.

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BCBSNC Launches Patient Care Summary for Physicians

Blue Cross and Blue Shield of North Carolina (BCBSNC) recently rolled out the Patient Care Summary (PCS) to a pilot group of physicians. The PCS is a new tool to help doctors proactively manage their patients' overall health care experience. The PCS provides a summary of health-related services and prescriptions for each patient who is a BCBSNC customer.

With the PCS, doctors can quickly:

- Identify gaps in care for individual patients compared with evidence-based and nationally recognized guidelines.
- See a comprehensive listing of the patient's medication.
- View most recent medical care received including date of visit, doctor, facility name, specialty, diagnosis, procedure codes, and place of service.

PCS information is refreshed monthly, and it will include information about any care or medication for which a claim was filed. Information is available for BCBSNC commercial members including the State Health Plan. The PCS is currently not available for Medicare Supplement or Federal Employee Program members.

The initial pilot was launched in May 2011 at all Blue Quality Physician Program™ (BQPP) practices, a group of pilot practices, a group of pilot practices, and select employer-based, on-site clinics. A full roll-out to all provider physician practices who contract with BCBSNC will continue through the end of 2012.

The PCS is available to Blue e Users who have the app. Office managers determine which staff should have access to this report, which contains detailed member PHI.



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.pqaallian.co.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. 4722. +



Don't miss out!

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

Get the Latest News

Join our email registry for the latest news, policy changes, online course offerings and more.

Register Now



This is an opportunity for you to receive real-time BCBSNC news and updates sent directly to you via email – sign-up today using the *Register Now* link on the Provider home page at www.bcbsnc.com/providers.

Provider Email Registry

Complete the form below to be added to our mailing list and get the latest updates from BCBSNC.

Name:

Company Name:

Email:

HTML Text

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Additional resources



Chart your path to administrative success on the Provider Portal
<http://www.bcbsnc.com/providers>

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See information specifically for [Blue Medicare](#) providers

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- [Email Registry](#) - Stay informed with important announcements from BCBSNC of important policy and practice changes, regional news, online course offerings and much more.
- [News & Information](#) - See current news and information that affects providers, as well as our online newsletters.
- [eManuals](#) - Access the online reference eManuals - the guides include information on our products, services, claims billing, policies and much more.
- [Forms & Documentation](#) – Find the forms you need in one convenient place, including appeals forms, enrollment applications and credentialing forms.
- [Managing Claims & Electronic Resources](#) - Discover how **Blue e** can help you manage claims, eligibility and remittance inquiries. Also access claims specific information for CMS-1500 and UB-04 claim filers.
- [Blue Medicare](#) - See information specifically for Blue Medicare HMOSM and Blue Medicare PPOSM providers.
- [IPP BlueCard®](#) - Get resources for providers who service out-of-state Blue Cross/Blue Shield members.
- [ICD-10](#) - Get resources and tools to help you prepare for ICD-10 implementation.
- [Medical Policy, Prior Review and Appeals](#) - Search for a medical policy, see prior review requirements and learn about the appeals process.
- [Education & Learning Center](#) - View videos, see webinars and listen to podcasts about the training topics important to you and your practice.

Customer Service Phone Numbers



- + **Provider Blue Line – 1.800.214.4844**
 - Dedicated provider line for health care providers participating in BCBSNC commercial lines of business.
- + **Blue Medicare HMO/PPO – 1.888.296.9790**
 - Dedicated provider line for health care providers participating in BCBSNC Blue Medicare HMO and Blue Medicare PPO benefit plans.
- + **Provider Service Associates – 1.800.777.1643**
- + **eSolutions Customer Service – 1.888.333.8594**
- + **IPP Blue Card (verify eligibility) – 1.800.676.BLUE (2583)**
- + **IPP Blue Card (claims assistance) – 1.800.487.5522.**
- + **State Health Plan – 1.800.422.4658**
- + **Federal Employee Program (FEP) – 1.800.222.4739**



Provider Services Associates (PSA)

- + Your PSA's are able to assist with:
 - Providing you information on how to obtain your fee schedule (if you are unable to retrieve via *Blue e*)
 - Making any necessary demographic changes – notice address, billing address and etc.
 - Add/Remove providers from your practice
 - Questions

P: (800) 777-1643 8am-4pm

F: (919) 765-4349

NMSpecialist@bcbsnc.com



Social media

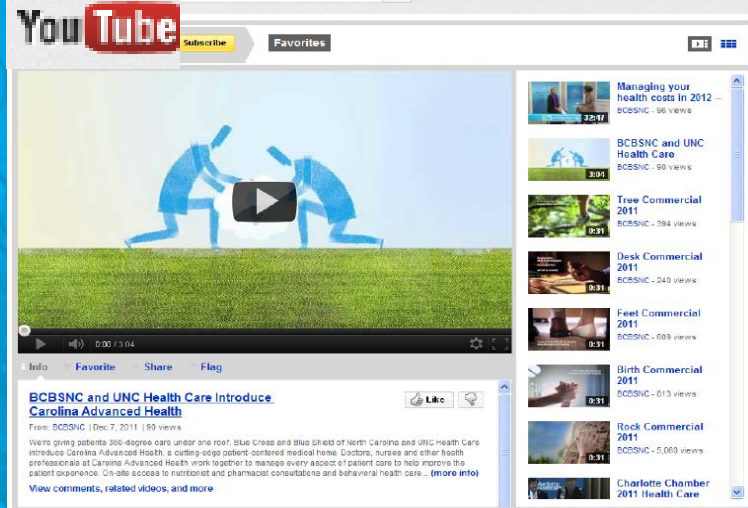
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BlueCross BlueShield of North Carolina

Your plan for better health™

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Your iPhone® and Android™ health connection.

Find the closest urgent care centers, lower-cost drug options and more. Anytime. Anywhere.

Download for FREE

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Features FAQs



Patient Education Materials

- + BCBSNC has identified and developed patient assessment and patient education materials to help jumpstart preventive health conversations.

Healthy Lifestyle Programs

- ▶ Adult Obesity Assessment and Treatment
- ▶ Childhood Obesity Assessment and Treatment
- ▶ Tobacco Cessation
- ▶ Stress Management

Preventive Screening Topics

- ▶ Breast Cancer Screening
- ▶ Chlamydia Screening
- ▶ Colorectal Cancer Screening
- ▶ Depression Screening

- + These *complimentary* tools can help you assess your patients on important preventive health issues – to request, please complete the online order form at <http://www.bcbsnc.com/content/providers/toolkit/order-toolkit.htm>.

SilverSneakers®



- + The SilverSneakers Fitness Program is available at no additional cost and offers Blue Medicare HMO and Blue Medicare PPO member's access to gyms and other programs to help them get healthy and stay healthy.



Find a participating
Fitness Location
near you

zip code OR state



Ready to become an online
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To learn more about SilverSneakers visit
www.silversneakers.com.



Questions?

This presentation was last updated on 12/31/2012. BCBSNC makes best efforts to keep information up to date; however, it may not always be possible. For questions regarding any of the content contained in this learning module, please contact Network Management at 1.800.777.1643.