SAN JUAN IPA

The information contained within this message is for your use, in order to inform you of any changes that may be occurring at the San Juan IPA, or within the medical community. Please read each message carefully, as they contain important information that may directly affect your practice.

Attention All Members, Office & Billing Managers: AMA Special Coding Advice During COVID-19 (attachment and link provided)

https://www.ama-assn.org/system/files/2020-03/covid-19-coding-advice.pdf

Information from CMS: COVID-19 Regulatory Changes, Telehealth Billing & Specimen Collection Codes

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Special Edition – Tuesday, March 31, 2020

COVID-19: Regulatory Changes, Telehealth Billing, and Specimen Collection Codes

- **Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care Syster Address COVID-19 Patient Surge**
- **Billing for Professional Telehealth Services During the Public Health Emergency**
- **New Specimen Collection Codes for Laboratories Billing for COVID-19 Testing**

Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge

At President Trump's direction, the Centers for Medicare & Medicaid Services (CMS) issued an unprecedented array of temporary regulatory waivers and new rules to equip the American health care sy with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. CMS sets and enforces essential quality and safety standards for the nation's health care system and is the nation's larg health insurer serving more than 140 million Americans through Medicare, Medicaid, the Children's Healtl Insurance Program, and Federal Exchanges.

Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. health care system for the duration of the emergency declaration. This allows hospitals and health systems to deliver services at other locations to make room for COVID-19 patients needing acute care in their main facility.

The changes complement and augment the work of FEMA and state and local public health authorities by empowering local hospitals and health care systems to rapidly expand treatment capacity that allows ther separate patients infected with COVID-19 from those who are not affected. CMS's waivers and flexibilities permit hospitals and health care systems to expand capacity by triaging patients to a variety of community based locales, including ambulatory surgery centers, inpatient rehabilitation hospitals, hotels, and dormito Transferring uninfected patients will help hospital staffs to focus on the most critical COVID-19 patients, maintain infection control protocols, and conserve Personal Protective Equipment (PPE).

"Every day, heroic nurses, doctors, and other health care workers are dedicating long hours to their patier This means sacrificing time with their families and risking their very lives to care for coronavirus patients," CMS Administrator Seema Verma. "Front line health care providers need to be able to focus on patient ca the most flexible and innovative ways possible. This unprecedented temporary relaxation in regulation wil help the health care system deal with patient surges by giving it tools and support to create non-traditiona care sites and staff them quickly."

CMS's announcement will also waive certain requirements to enable and encourage hospitals to hire loca physicians and other providers to address potential surges. New rules allow hospitals to support physician practices by transferring critical equipment, including items used for telehealth, as well as providing meals childcare for their health care workers.

Other temporary CMS waivers and rule changes dramatically lessen administrative burdens, knowing tha front line providers will be operating with high volumes and under extraordinary system stresses.

CMS recently approved hundreds of waiver requests from health care providers, state governments, and hospital associations in the following states: Ohio, Tennessee, Virginia, Missouri, Michigan, New Hampsh Oregon, California, Washington, Illinois, Iowa, South Dakota, Texas, New Jersey, and North Carolina. Wit this announcement of blanket waivers, other states and providers do not need to apply for these waivers a can begin using the flexibilities immediately.

Administrator Verma added that she applauds the March 23, 2020, pledge by America's Health Insurance Plans (AHIP) to match CMS's waivers for Medicare beneficiaries in areas where in-patient capacity is und strain. "It's a terrific example of public-private partnership and will expand the impact of Medicare's chang

Verma said.

CMS's temporary actions empower local hospitals and health care systems to:

Increase Hospital Capacity – CMS Hospitals Without Walls

CMS will allow communities to take advantage of local ambulatory surgery centers that have canceled elective surgeries, per federal recommendations. Surgery centers can contract with local health care syst to provide hospital services, or they can enroll and bill as hospitals during the emergency declaration as l as they are not inconsistent with their state's Emergency Preparedness or Pandemic Plan. The new flexibilities will also leverage these types of sites to decant services typically provided by hospitals such a cancer procedures, trauma surgeries, and other essential surgeries.

CMS will now temporarily permit non-hospital buildings and spaces to be used for patient care and quara sites, provided that the location is approved by the state and ensures the safety and comfort of patients a staff. This will expand the capacity of communities to develop a system of care that safely treats patients without COVID-19 and isolate and treat patients with COVID-19.

CMS will also allow hospitals, laboratories, and other entities to perform tests for COVID-19 on people at home and in other community-based settings outside of the hospital. This will both increase access to tes and reduce risks of exposure. The new guidance allows health care systems, hospitals, and communities set up testing sites exclusively for the purpose of identifying COVID-19-positive patients in a safe environment.

In addition, CMS will allow hospital emergency departments to test and screen patients for COVID-19 at through and off-campus test sites.

During the public health emergency, ambulances can transport patients to a wider range of locations whe other transportation is not medically appropriate. These destinations include community mental health centers, federally qualified health centers, physician's offices, urgent care facilities, ambulatory surgery centers, and any locations furnishing dialysis services when an ESRD facility is not available.

Physician-owned hospitals can temporarily increase the number of their licensed beds, operating rooms, procedure rooms. For example, a physician-owned hospital may temporarily convert observation beds to inpatient beds to accommodate patient surge during the public health emergency.

In addition, hospitals can bill for services provided outside their four walls. Emergency departments of hospitals can use telehealth services to quickly assess patients to determine the most appropriate site of freeing emergency space for those that need it most. New rules ensure that patients can be screened at alternate treatment and testing sites which are not subject to the Emergency Medical Labor and Treatmer (EMTALA) as long as the national emergency remains in force. This will allow hospitals, psychiatric hospit and critical access hospitals to screen patients at a location offsite from the hospital's campus to prevent spread of COVID-19.

Rapidly Expand the Health Care Workforce

Local private practice clinicians and their trained staff may be available for temporary employment since nonessential medical and surgical services are postponed during the public health emergency. CMS's temporary requirements allow hospitals and health care systems to increase their workforce capacity by removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community well as those licensed from other states without violating Medicare rules.

These health care workers can then perform the functions they are qualified and licensed for, while awaiti completion of federal paperwork requirements.

CMS is issuing waivers so that hospitals can use other practitioners, such as physician assistants and nu practitioners, to the fullest extent possible, in accordance with a state's emergency preparedness or pand plan. These clinicians can perform services such as order tests and medications that may have previously

required a physician's order where this is permitted under state law.

CMS is waiving the requirements that a Certified Registered Nurse Anesthetist (CRNA) is under the supervision of a physician. This will allow CRNAs to function to the fullest extent allowed by the state and up physicians from the supervisory requirement and expand the capacity of both CRNAs and physicians.

CMS also is issuing a blanket waiver to allow hospitals to provide benefits and support to their medical sta such as multiple daily meals, laundry service for personal clothing, or child care services while the physici and other staff are at the hospital and engaging in activities that benefit the hospital and its patients.

CMS will also allow health care providers (clinicians, hospitals and other institutional providers, and suppl to enroll in Medicare temporarily to provide care during the public health emergency.

Put Patients over Paperwork

CMS is temporarily eliminating paperwork requirements and allowing clinicians to spend more time with patients. Medicare will now cover respiratory-related devices and equipment for any medical reason determined by clinicians so that patients can get the care they need; previously Medicare only covered th under certain circumstances.

During the public health emergency, hospitals will not be required to have written policies on processes ar visitation of patients who are in COVID-19 isolation. Hospitals will also have more time to provide patients copy of their medical record.

CMS is providing temporary relief from many audit and reporting requirements so that providers, health ca facilities, Medicare Advantage health plans, Medicare Part D prescription drug plans, and states can focus providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

This is being done by extending reporting deadlines and suspending documentation requests which would take time away from patient care.

Further Promote Telehealth in Medicare

Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS w now allow for more than 80 additional services to be furnished via telehealth. During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinic for an even broader range of services. Providers also can evaluate beneficiaries who have audio phones

These temporary changes will ensure that patients have access to physicians and other providers while remaining safely at home.

Providers can bill for telehealth visits at the same rate as in-person visits. Telehealth visits include emerge department visits, initial nursing facility and discharge visits, home visits, and therapy services, which mus provided by a clinician that is allowed to provide telehealth. New as well as established patients now may at home and have a telehealth visit with their provider.

CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients inpatient rehabilitation facilities, hospice and home health.

CMS is making it clear that clinicians can provide remote patient monitoring services to patients with acut and chronic conditions and for patients with only one disease. For example, remote patient monitoring car used to monitor a patient's oxygen saturation levels using pulse oximetry.

In addition, CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.

For additional background information on the waivers and rule changes, go to:
https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-

healthcare-system-address-covid-19-patient

For more information on the COVID-19 waivers and guidance, and the Interim Final Rule, please go to the CMS COVID-19 flexibilities webpage: https://www.cms.gov/about-cms/emergency-preparedness-respons operations/current-emergencies/coronavirus-waivers.

These actions, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit www.coronavirus.gov. For a complete and updated list of CMS actions, and other informa specific to CMS, please visit the Current Emergencies Website.

Billing for Professional Telehealth Services During the Public Health Emergency

Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS now allow for more than 80 additional services to be furnished via telehealth. When billing professional cla for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duratio the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have beer the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually perform via telehealth. As a reminder, CMS is not requiring the "CR" modifier on telehealth services. However, consistent with current rules for traditional telehealth services, there are two scenarios where modifiers ar required on Medicare telehealth professional claims:

- Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier
- Furnished for diagnosis and treatment of an acute stroke, use G0 modifier

Traditional Medicare telehealth services professional claims should reflect the designated POS code 02- Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant There is no change to the facility/non-facility payment differential applied based on POS. Claims submitte with POS code 02 will continue to pay at the facility rate.

There are no billing changes for institutional claims; critical access hospital method II claims should contir to bill with modifier GT.

New Specimen Collection Codes for Laboratories Billing for COVID-19 Testing

Clinical diagnostic laboratories: To identify and reimburse specimen collection for COVID-19 testing, CMS established two Level II HCPCS codes, effective with line item date of service on or after March 1, 2020:

- G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
- G2024 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory behalf of a home health agency, any specimen source

These codes are billable by clinical diagnostic laboratories.

Like our newsletter? Have suggestions? Please let us know!

Please share this important information with your colleagues and encourage them to subscribe. Previous issues are available in the archive.

Information from CMS: COVID-19 Financial Relief, Nursing Home Telehealth, Quality Reporting, Clinical Laboratories, Hospital Data Sharing

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Special Edition – Monday, March 30, 2020

Trump Administration Provides Financial Relief for Medicare Providers

Under the President's leadership, the Centers for Medicare & Medicaid Services (CMS) is announcing an expansion of its accelerated and advance payment program for Medicare participating health care provide and suppliers, to ensure they have the resources needed to combat the 2019 Novel Coronavirus (COVID This program expansion, which includes changes from the recently enacted Coronavirus Aid, Relief, and Economic Security (CARES) Act, is one way that CMS is working to lessen the financial hardships of providers facing extraordinary challenges related to the COVID-19 pandemic and ensures the nation's providers can focus on patient care. There has been significant disruption to the health care industry, with

providers being asked to delay non-essential surgeries and procedures, other health care staff unable to
due to childcare demands, and disruption to billing, among the challenges related to the pandemic.

"With our nation's health care providers on the front lines in the fight against COVID-19, dollars and cents shouldn't be adding to their worries," said CMS Administrator Seema Verma. "Unfortunately, the major disruptions to the health care system caused by COVID-19 are a significant financial burden on providers Today's action will ensure that they have the resources they need to maintain their all-important focus on patient care during the pandemic."

Medicare provides coverage for 37.4 million beneficiaries in its Fee for Service (FFS) program, and made $414.7 billion in direct payments to providers during 2019. This effort is part of the Trump Administration's White House Coronavirus Task Force effort to combat the spread of COVID-19 through a whole-of-Ameri approach, with a focus on strengthening and leveraging public-private relationships.

Accelerated and advance Medicare payments provide emergency funding and address cash flow issues based on historical payments when there is disruption in claims submission and/or claims processing. Th expedited payments are typically offered in natural disasters to accelerate cash flow to the impacted healt care providers and suppliers. In this situation, CMS is expanding the program for all Medicare providers throughout the country during the public health emergency related to COVID-19. The payments can be requested by hospitals, doctors, durable medical equipment suppliers, and other Medicare Part A and Pa providers and suppliers.

To qualify for accelerated or advance payments, the provider or supplier must:

- Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/ supplier's request form,
- Not be in bankruptcy,
- Not be under active medical review or program integrity investigation, and
- Not have any outstanding delinquent Medicare overpayments.

Medicare will start accepting and processing the Accelerated/Advance Payment Requests immediately. C anticipates that the payments will be issued within seven days of the provider's request.

An informational fact sheet on the accelerated/advance payment process and how to submit a request ca found here: www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf.

This action, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response t COVID-19, visit www.coronavirus.gov. For a complete and updated list of CMS actions, and other informa specific to CMS, please visit the Current Emergencies Website.

Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit

On March 27, CMS issued an electronic toolkit regarding telehealth and telemedicine for Long Term Care Nursing Home Facilities. Under President Trump's leadership to respond to the need to limit the spread o community COVID-19, CMS has broadened access to Medicare telehealth services so that beneficiaries receive a wider range of services from their doctors without having to travel to a healthcare facility. This document contains electronic links to reliable sources of information regarding telehealth and telemedicin including the significant changes made by CMS over the last week in response to the National Health Emergency. Most of the information is directed towards providers who may want to establish a permanen telemedicine program, but there is information here that will help in the temporary deployment of a telemedicine program as well. There are specific documents identified that will be useful in choosing telemedicine vendors, equipment, and software, initiating a telemedicine program, monitoring patients remotely, and developing documentation tools. There is also information that will be useful for providers w intend to care for patients through electronic virtual services that may be temporarily used during the CO

19 pandemic.

Toolkit

Quality Payment Program and Quality Reporting Program/Value Based Purchasing Program COVID-19 F

On March 22, 2020, CMS announced relief for clinicians, providers, hospitals, and facilities participating ir quality reporting programs in response to the 2019 Novel Coronavirus (COVID-19). This memorandum ar factsheet supplements and provides additional guidance to health care providers with regard to the announcement. CMS has extended the 2019 Merit-based Incentive Payment System (MIPS) data submis deadline from March 31 by 30 days to April 30, 2020. This and other efforts are to provide relief to clinicia responding to the COVID-19 pandemic. In addition, the MIPS automatic extreme and uncontrollable circumstances policy will apply to MIPS eligible clinicians who do not submit their MIPS data by the April 2020 deadline.

You can find a copy of the memo here: Memo

You can find a copy of the fact sheet here: Fact Sheet

Clinical Laboratory Improvement Amendments (CLIA) Guidance During COVID-19 Emergency

CMS issued important guidance ensuring that America's clinical laboratories are prepared to respond to t threat of the 2019 Novel Coronavirus (COVID-19.) CMS is committed to taking critical steps to ensure America's clinical laboratories are prepared to respond to the COVID-19 threat and other respiratory illnes by implementing flexibilities around requirements for a Clinical Laboratory Improvement Amendments (CL certificate during public health emergencies.

While there is no formal waiver authority under CLIA, CMS continue to exercise flexibilities under current regulations and through enforcement discretion to address temporary and remote testing sites, use of alternate specimen collection devices, and implementation of laboratory developed tests. Our hope is tha this guidance provides the steps needed for all U.S. Labs wanting to apply for a CLIA certificate to test for COVID-19.

Guidance

FAQ

Trump Administration Engages America's Hospitals in Unprecedented Data Sharing

On March 29, the Centers for Medicare & Medicaid Services (CMS) sent a letter to the nation's hospitals behalf of Vice President Pence requesting they report data in connection with their efforts to fight the 201 Novel Coronavirus (COVID-19). Specifically, the Trump Administration is requesting that hospitals report COVID-19 testing data to the U.S. Department of Health and Human Services (HHS), in addition to daily

reporting regarding bed capacity and supplies to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Patient Impact and Hospital Capacity Mod CMS, the federal agency with oversight of America's Medicare-participating health care providers – includ hospitals – is helping the Trump Administration obtain this critical information to help identify supply and b capacity needs, as well as enhance COVID-19 surveillance efforts. Hospitals will report data without pers identifying information to ensure patient privacy.

"The nation's nearly 4,700 hospitals have access to testing data that's updated daily. This data will help u better support hospitals to address their supply and capacity needs, as well as strengthen our surveillanc efforts across the country," said CMS Administrator Seema Verma. "America's hospitals are demonstratin incredible resilience in this unprecedented situation and we look forward to partnering further with them g forward."

The White House Coronavirus Task Force is already collecting data from public health labs and private laboratory companies but does not have data from hospital labs that conduct laboratory testing in their hospital. This hospital data is needed at the federal level to support the Federal Emergency Management Agency (FEMA) and CDC in their efforts to support states and localities in addressing and responding to t virus.

Academic, University and Hospital “in-house” labs are performing thousands of COVID-19 tests each day unlike private laboratories, the full results are not shared with government agencies working to track and analyze the virus. By sharing this critical data, hospitals can help Federal and state government mitigate t effects of COVID-19 and direct needed resources from Federal Emergency Management Agency (FEMA) the U.S. Government during this unprecedented crisis.

In Vice President Pence’s letter to America’s hospitals, he asks all hospitals to report data on COVID-19 testing performed in their “in-house” laboratories, which are hospitals’ onsite laboratories. To monitor the r emergence of COVID-19 and the impact on the health care system, the White House Coronavirus Task F is requesting hospitals to report testing data to HHS each day and to the CDC’s NHSN. This new data rec by the Trump Administration will help monitor the spread of severe COVID-19 illness and death as well as impact to our nation’s hospitals. Because private and commercial laboratories already report, this letter is applicable to them.

This action, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit www.coronavirus.gov. For a complete and updated list of CMS actions, and other informa specific to CMS, please visit the Current Emergencies Website.

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All True Health New Mexico Contracted Members: Provider Connection

Volume 3, Issue 1 | Spring 2020

True Health New Mexico Provider Connection

Newsletter not displaying correctly? View it as a webpage.

Please forward this newsletter to all office staff

We at True Health New Mexico work to make this newsletter useful to providers and their front- and back-office staff. Please forward this email to anyone in your office who would benefit from it.

Sign your staff up to receive the newsletter directly

To sign yourself or your staff up to receive this newsletter directly in your in-box, email provider.newsletter@truehealthnewmexico.com and give us the name, title, and email address of the person(s) who should receive the newsletter.

Find the newsletter on our website

After we email every newsletter, we post it on the *Provider Forms & Other Resources* page (scroll down to the *Provider Newsletter* section).

Understanding the COVID-19 pandemic: A message from F. Kiko Torres, MD, Chief Medical Officer

We find ourselves in uncharted waters with the ongoing spread of the novel coronavirus, aptly named coronavirus disease 2019 (COVID-19). Recent history is no stranger to epidemics from novel viruses including Zika (2016), Ebola (2014), and H1N1 (2009). Of these, only H1N1, also known as swine flu,

compares to COVID-19 because of the rapid spread via respiratory droplets. In 2009, we did not have a vaccine for the H1N1 strain of the influenza virus, and it spread quickly. We did have anti-viral medications, but despite this, H1N1 claimed over 12,000 lives in the United States alone.

Click here to continue reading

COVID-19 information for members and providers

COVID-19 information for members and providers

We have added information about the COVID-19 coronavirus pandemic to our website and will update it as necessary. Just visit truehealthnewmexico.com and click one of the red banners that scroll across the top of the screen. Direct links to our COVID-19 pages are as follows.

- **General** information: https://www.truehealthnewmexico.com/covid-19-coronavirus-information-and-resources/
- Billing, claims, and other information for **providers**: https://www.truehealthnewmexico.com/wp-content/uploads/providers-telehealth-covid19.pdf

We've updated our Provider Handbook

We have updated our provider handbook to include information on **telehealth**, **FEHB members**, and more. You can find the handbook at https://www.truehealthnewmexico.com/for-providers/provider-handbook/.

In the past, we uploaded a PDF version of the Provider Handbook and also spread the content across several pages on our website, with one page for each section of the Handbook. Now, we just have the PDF available at the link above. To search the Handbook, when the PDF opens, hit Ctrl + F on a PC (Command + F on a Mac) type in your search term – e.g., "telehealth," – and hit Enter. The Handbook has a table of contents that links to major sections.

Reminder: True Health New Mexico and NMHC are separate companies

From time to time we hear providers say that True Health New Mexico and NMHC are "the same." This is not correct. On January 1, 2020, NMHC gained a new third-party administrator (TPA) called Friday Health Plans. What does this mean for you?

- True Health New Mexico no longer administers any TPA services for NMHC except for claims and appeals runout services, which we will provide through June 30, 2020, per our agreement with that company.
- True Health New Mexico does not provide any service or support for NMHC 2020 business.
- NMHC members now work with Friday Health Plans for case and disease management services, customer service, bill payment, etc.
- NMHC-contracted providers should contact NMHC with any questions about their contracts.

Submit all NMHC claims, appeals, and reassessments to us ASAP

We will stop processing claims and appeals for New Mexico Health Connections on June 30, 2020. Therefore, it's very important for you to submit any **2019 claims, appeals, and reassessments for NMHC** to us as soon as possible.

Information you need to serve our federal employee (FEHB) members

True Health New Mexico began offering health care coverage to federal employees on January 1, 2020. We have collected information you'll need to serve these new members and process their claims

We have collected information you'll need to serve these new members and process their claims.

- Payor ID for electronic claim submission: **85824**. True Health New Mexico uses Change Healthcare as its clearinghouse.
- View a sample ID card here.
- Paper claims address: True Health New Mexico, P.O. Box 830955, Birmingham, AL 35283-0955
- Customer service number: 1-844-508-4677
- To verify eligibility for our FEHB members, call Customer Service at 1-844-508-4677, option 2, then option 1, or use HealthXnet.
- Web page for FEHB members: truehealthnewmexico.com/for-members/employers-and-organizations/federal-employees/
    - This page contains benefit, provider search, prescription drug, customer service, medical management, and more.
    - Payor ID and claims address are listed at the bottom of the page.

Appeals on behalf of FEHB members
Please do not submit appeals to the Office of Personnel Management (OPM) on behalf of any FEHB member. You must have the member's written consent to appeal on the member's behalf. All appeals must be submitted in writing to True Health New Mexico.

- Mail: 2440 Louisiana Blvd. NE, Ste. 601, Albuquerque, NM 87110
- Fax: 1-800-747-9132
- Email: Member-A-and-G@truehealthnewmexico.com

Remember to use the correct prior authorization form

The New Mexico Office of the Superintendent of Insurance has mandated use of a new, consolidated PA form for both pharmacy benefit requests and medical benefit requests. **Please follow the instructions on the form and fax to the appropriate location, as there are different fax numbers for pharmacy and medical**. Use of the new PA form is required as of January 1, 2020 and other versions will not be accepted. You can view and download the new form on to the *Provider Forms & Other Resources* page of our website.

IUD coverage change

Effective April 1, 2020, Liletta® (J7297) will become a non-preferred product. Kyleena, Mirena, Paragard, and Skyla will be preferred IUDs for True Health New Mexico members (no prior authorization required). A prior authorization requirement will be **added** to Liletta on April 1, 2020.

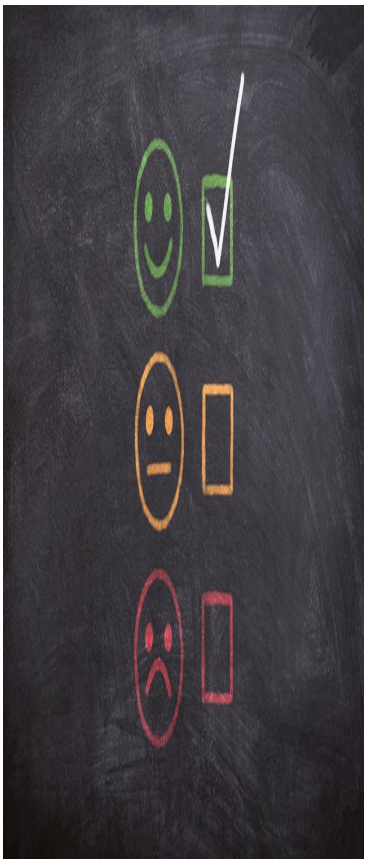
Biosimilars: What you need to know

A ***biosimilar*** is a biological product that is very similar to a reference biologic, for which there are no clinically meaningful differences in terms of safety, purity, or potency.

Want to use a biosimilar? Here's what to do
Providers who wish to use a biosimilar must write a prescription/order using the specific biosimilar name. For example, if the provider wishes to prescribe a biosimilar for Avastin®, he or she would need to write the prescription/order specifically for Mvasi® or Zirabev® and would need to bill under the appropriate HCPCS code. ***Please keep in mind that, like branded biologics, biosimilars require prior***

authorization for use.

Click here to continue reading



2019 Provider Satisfaction Survey results

True Health New Mexico is committed to providing the highest level of service for our provider network and improving provider satisfaction. In 2019, we partnered with SPH Analytics, a National Committee for Quality Assurance certified vendor, to survey our providers using a mixed methodology (mail, phone, and online option) approach. The survey measures how well we are meeting providers' expectations and needs in eight areas. In the survey, True Health New Mexico scored higher in the areas of Call Center Service (▲6.9%), Pharmacy (▲5.0%), Network/Coordination of Care (▲4.3%) and Utilization and Quality Management (▲0.9%).

Click here to continue reading

Cultural diversity and inclusion resources for providers

Health disparities are differences in health status between segments of the population due to greater social and or economic barriers to health. Health disparities are prevalent and as the U.S. population becomes increasingly diverse, they are likely to increase if not adequately addressed. One way to address them is through **cultural competency and humility**.

Cultural diversity and inclusion in healthcare describes the ability to provide care to patients with diverse values, beliefs, and behaviors, including tailoring healthcare delivery to meet patients' social, cultural, and linguistic needs. While doing this is

challenging with all patients, for diverse patient populations it can be even more difficult due to language barriers, health literacy gap, and cultural differences in communication styles. Providers and health systems that strive to implement a cultural awareness of the people they serve often see improved health outcomes, increased respect, and mutual understanding from patients. Visit truehealthnewmexico.com/for-providers/provider-forms-and-other-resources/ (scroll to the bottom) for a collection of cultural diversity resources that could be valuable to your practice.

2020 wellness calendar

At True Health New Mexico, we emphasize the importance of preventive healthcare, primary care, and behavioral health. We've developed a 2020 calendar of national wellness observances to promote a variety of health topics for our members. The calendar links to our Topic of the Month and to A.D.A.M., our comprehensive, multimedia health resource.

Case management, disease management programs, smoking cessation help

Our **Care Management Program** helps members and their caregivers who have multiple or complex medical problems. The Case Management team assesses our members' health and works with them and their healthcare providers to plan and coordinate treatment. Case Management is appropriate for members with cancer, chronic medical conditions, conditions requiring complex home equipment or medications, organ transplant, conditions requiring community resources and social services, behavioral health issues, complicated hospital discharges, and high-risk pregnancy. Our Disease Management team works with

members with diabetes, asthma, and coronary artery disease.

Our Case and Disease Managers:

- Coordinate members' medical information and treatment alternatives.
- Identify any resources needed to support member care.
- Work with members, caregivers, and healthcare providers.
- Guide members into an appropriate plan of care to help them regain optimum health.

How to refer members to our Care Management programs:

1. Call the True Health New Mexico Care Management department at 1-844-691-9984.
2. Complete a secure, online referral form at https://www.research.net/r/THNMCMDMEnroll.

Smoking cessation resources for you and your patients

With the **coronavirus pandemic**, it's more important than ever for people to stop using tobacco products. True Health New Mexico can provide you with the information, resources, tools, and medications your patients need to quit for good. We added a new section with several resources on our *Provider Forms & Other Resources* page. There you can find links to provider-specific resources and publication from the CDC, information on e-cigarettes, statewide resources, and a list of medications that are available for a $0 copay that you can share with your patients to help them kick the habit for good!

Do we have your most current practice information?

Keeping your practice information up to date is important . Whenever you terminate a provider, add a new provider to your practice, or change your address or phone number, please tell your Provider Network Relations Representative.

We have developed a reporting method using an Excel spreadsheet that you can update and email to us when changes occur within your practice. Completing the spreadsheet takes little time and ensures that members seeking your services have the most current information about your practice. Not sure what to report? Contact your Provider Network Relations Representative.

THNM-ID0459-0320

All Western Sky Contracted Members: Important Update

IMPORTANT UPDATE

March 30, 2020
Dear Western Sky Community Care Providers,
The below communication comes on behalf of The New Mexico Department of Health (NMDOH) and the Human Services Department (HSD).
To maintain proper dissemination of information regarding the New Mexico Medicaid program during the COVID-19 (coronavirus) health crisis, a new page has been added to the NM Medicaid Provider Portal. The NM Medicaid COVID-19 page will be updated with information and resources to ensure Medicaid services are delivered, efficiently and without interruption, to NM Medicaid clients state-wide.
During this crisis, the New Mexico Human Services Department, as the administrator of the NM Medicaid program, has requested waiver authority from our federal partners to enact temporary emergency alterations to our Medicaid program. All waiver requests and the current state of approval can be found on the NM Medicaid COVID-19 page. Also included on the page is any special guidance, billing codes, provider supplements and Managed Care Organization Letters of Direction (LODs) that have been issued in response to the pandemic. A link to the NM Department of Health Coronavirus web page is also available on this page.
Please reference the NM Medicaid COVID-19 page at https://nmmedicaid.portal.conduent.com/static/covid.htm for all NM Medicaid program and provider inquires.

List of Links
1. NM Medicaid COVID-19 Page - https://nmmedicaid.portal.conduent.com/static/covid.htm
2. NM DOH COVID-19 Page - https://cv.nmhealth.org/

If you have further question, please visit https://www.westernskycommunitycare.com, contact your Provider Representative or call Provider Services Monday through Friday,
8 a.m. to 5 p.m. Mountain Time (MT) at 1-844-738-5019.
Thank you,
Western Sky Community Care Provider Relations Team

5300 Homestead Rd NE
Albuquerque, NM 87110
WesternSkyCommunityCare.com

About Western Sky Community Care

Established to deliver quality healthcare in the state of New Mexico through local, regional and community-based resources, Western Sky Community Care is a Managed Care Organization and subsidiary of Centene Corporation (Centene). Western Sky Community Care exists to improve the health of its beneficiaries through focused, compassionate and coordinated care. Our approach is based on the core belief that quality healthcare is best delivered locally. **Learn More**