

Please share this newsletter with all healthcare providers and administrative staff in your office.

You are the best, and it shows!

This spring, NMHC’s survey vendor conducted the CMS-required Enrollee Satisfaction Survey. NMHC was one of the many Qualified Health Plans (QHPs) around the nation that took part.

On average, when compared to others in the nation, NMHC-contracted providers were rated **above average** for “how well doctors communicate.” This survey measure is made up of very important topics such as listening carefully to members and showing respect. Thanks so much for keeping our members satisfied with

the service and attention to detail that you provide on their behalf.

While all other survey measures scored average, there was one area for improvement identified related to member satisfaction with providers. Members feel that it takes too long to be told about test results. We appreciate your help in coordinating this communication effort.

Everything you need is on mynmhc.org

If you’re seeking details on our programs, services, guidelines, or processes, you will find them on our website. Below is a summary of provider- and member-related topics and their specific URLs. If you can’t find something, please contact your Provider Relations Representative at provider.services@mynmhc.org.

Topic	Where to find it
Quality Program	mynmhc.org/quality-program.aspx
Provider Roles and Responsibilities	mynmhc.org/provider-roles-responsibilities.aspx
Utilization Management Process, Prior Authorization, Case Management Program, Disease Management	mynmhc.org/medical-management.aspx
Clinical Practice Guidelines	mynmhc.org/clinical-practice-guidelines.aspx
Distribution of Rights Statement (Member Rights and Responsibilities)	mynmhc.org/member-rights-and-responsibilities.aspx
Practitioner Rights (Related to the Credentialing Process)	Provider Manual, Credentialing and Recredentialing section, mynmhc.org/provider-handbook.aspx
Pharmaceuticals, Restrictions, Limits, Quotas, and Preferences; Pharmaceutical Management Procedures, Exception Requests, Generic Substitution, Therapeutic Interchange, and Step Therapy	mynmhc.org/Formulary.aspx , mynmhc.org/pharmacy.aspx
Affirmation Statement	mynmhc.org/medical-management.aspx
Fraud and Abuse	mynmhc.org/fraud-abuse.aspx
Provider Grievances and Appeals	mynmhc.org/provider-grievances-appeals.aspx
Member Complaints and Appeals	mynmhc.org/member-complaints-appeals.aspx
Language Line, TDD/TTY Services	mynmhc.org/contact-information.aspx
Forms for Providers	mynmhc.org/provider-resources.aspx

Pharmacy updates

OptumRx® Medication Adherence Program

Taking prescribed medication consistently is important, and a measure of consistent medication use is adherence. In October 2016, NMHC, in partnership with OptumRx, will introduce a new Medication Adherence Program. As part of this new program, NMHC members who are your patients may receive calls or letters that provide information about their medications and encourage consistent use. During the calls, members may have an option to transfer to their pharmacies to request refills or speak with a clinical pharmacist at OptumRx.

These interventions are designed to provide education, remove barriers, and help our members get the most out of their drug treatment plans. If you have questions about this program, please call NMHC Customer Service at **1-855-769-6642**.



Preferred Copay Card Acceptance Program now in effect

OptumRx launched a Preferred Copay Card Acceptance program on August 15. This program will help keep insurance premiums and prescription drug copays affordable by establishing a list of drugs for which copay cards or coupons from drug manufacturers will **not** be accepted. In all cases, more affordable drug options are available.

A pharmacist from OptumRx will work with any NMHC members who present cards or coupons at the pharmacy, as well as NMHC-contracted providers, to switch to alternative medications when possible. This program does not cost members or providers anything.

Clearing the fog on generic drug pricing

We are excited to see increasing public scrutiny of drug manufacturers' pricing of branded and generic medications. We hope this attention will shed light on a few manufacturers' price-gouging behavior that, frankly, adds little value to the health of our population. As prescribing clinicians, you may be surprised to learn that generics can have a broad range of pricing, with higher-priced generics having little to no therapeutic differences from lower-priced generics—the difference in cost being based solely on opaque pricing arrangements between the pharmaceutical company and its supply chain (PBMs, pharmacies).

In the spirit of consumer empowerment, NMHC is sharing one example in which the choice of medications that you prescribe for people with diabetes, in this case Metformin Extended Release (ER), may have a great impact on patient financial responsibility and, at the very least, on upward pressure on health insurance premiums related to pharmacy cost inflation.

Metformin ER: Not every generic is the same! Use caution in selecting metformin ER products via e-prescribing.

Brand name	Generic name, strength	Cost of 30 tablets*	Generic manufacturers
Glucophage XR®	metformin ER 500mg	\$1.02 (range: \$1.02-\$2.80)	Multiple
Fortamet®	metformin ER Osmotic 500mg	\$249 (range \$249-\$517)	Mylan, Actavis, Avkare, Lupin Pharmaceuticals
Glumetza®	metformin ER Modified Release 500mg	\$1,404	Lupin Pharmaceuticals

*Based upon paid claims data through June 30, 2016, and subject to change.

Prescribing notes:

- When you are using e-prescribing and want to prescribe a generic for Glucophage XR, select “metformin ER” and not other entries that may contain additional abbreviations, such as “metformin ER OSM” or “metformin ER MOD.” Although helpful, this method is not foolproof.
- **Not all EMR vendors present metformin ER in the same way.** It may be necessary to contact your EMR vendor to determine how various formulations of metformin ER are presented in your e-prescribing system.

Decision Resources Group formulary lookup tool

NMHC has a new formulary lookup tool available. Providers and NMHC members can use the DRG Formulary Lookup to determine drug coverage status and tiering across multiple health plans. The tool and instructions on how to use it are on our website: mynmhc.org/existing-prescriptions.aspx.

This tool is provided by Decision Resources Group (DRG). DRG is an independent third party and NMHC is not responsible for the content on the DRG site or for the tool's functionality.

Billing alert: Your J-codes need the right NDCs

NMHC requires providers to submit claims for all HCPCS drug codes (J-codes) with the corresponding valid national drug code (NDC). Make sure that a NDC is listed on the claim line that contains the HCPCS drug code. **If the NDC is missing, we will reject that claim line.**

The Food and Drug Administration publishes NDC numbers online and updates the list daily: www.fda.gov/drugs/informationondrugs/ucm142438.htm.

Office manager's desk: Seven ways to speed up the provider credentialing process

NMHC uses CAQH for online provider credentialing applications. Here's how to ensure your application is complete and current so that your application can be approved without unnecessary delay:

1. Go to the CAQH website: <https://proview.caqh.org/Login/Index?ReturnUrl=%2f>.
2. Log in or create an account.
3. Complete or edit your online credentialing application.
4. At least quarterly, and especially near re-credentialing, ensure you have a complete and up-to-date credentialing application.
5. Review your application and ensure completion and upload/attachment of the following items:
 - A complete five-year work history showing employment start and end dates in a month/year format.
 - A copy of your current licensure, DEA, and CSR, if applicable.
 - A copy of your current board certification (MD, CNP, CNM, PA, DO).
 - A copy of your current liability insurance (individual coverage/coverage under your group).
 - A current, signed, dated release/attestation.
 - Ensure you are still practicing at a contracted location. Note all new practice locations.
 - Have you changed tax ID numbers? Contact us ASAP at provider.services@mynmhc.org.

6. Once you have uploaded your completed credentialing application, edits, and the supporting documentation to CAQH, please wait a few days, then log back in to the CAQH website and check the status of your application.
7. Check to ensure that the documents were uploaded and were approved without issue (see below for an example).

Note: CAQH **will not** notify you if your documents fail to upload. You must contact CAQH directly to resolve any issues.

The documents that support the provider's CAQH ProView profile are listed below.

- Required documents are indicated with a red *.
- Click on the Document Type to download Approved or Expired documents.
- Missing, Failed, and Received documents are not available for download.

For more information, click the ?

Document Type	State	Expiration Date	Status
* Application Release	CAQH		Approved
* CDS	New Mexico	05/31/2017	Approved
* DEA	New Mexico	05/31/2018	Approved
Disclosure of Ownership			Approved

Want to receive this newsletter electronically?

Save paper—opt to receive this quarterly publication electronically. To sign up, please send the following information in an email to **Michelle.Mcruiz@mynmhc.org**:

- The email address(es) and name(s) of each staff person who should receive the newsletter.
- The name of your practice.

We will not share this information with anyone outside of our office.

Receiving the newsletter via email instead of the U.S. post makes it easy for you to forward it to any providers or staff who need to read it.

We also post *NMHC Provider Connection* on our website, mynmhc.org/provider-resources.aspx.

NMHC Provider Relations staff directory

Note: The general Provider Relations fax number is 1-888-282-3483.

Name	Title	Phone	Fax	Email
Jeane Fowkes	Provider Relations Specialist	(505) 200-0416	1-866-311-7044	jeane.fowkes@mynmhc.org
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