



NMHC Provider Connection

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- How NMHC is making prior authorization less burdensome
- New: Use a CPT Category II code for blood pressure readings
- How to make prior authorization requests after-hours

Please forward this newsletter to all healthcare providers and administrative staff in your office.

Easing the pain of prior authorization: A message from Mark Epstein, MD, Chief Medical Officer

Prior auth? "Prior awful!", to quote a specialist colleague and friend. Among the many issues engendered – the overhead costs of meeting the prior authorization (PA) requirements, the delays and long hold times impacting patient and provider, the inconvenience imposed on the traveling patient, and, yes, the calling into question the clinical judgement of experts in the medical field – the PA process is likely secondary only to late payments from payers as the most detested aspect of working with insurance carriers.

We know this pain all too well as we walk in the shoes of provider and payer. That is why we work hard to reduce the burden; to find a win-win out of the regulatorily required authorization process; to educate about the actual value of PAs; and to work closely with legislators, regulators, and provider organizations to optimize the benefit it brings to the well-being of New Mexicans.

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Use a CPT Category II code and eliminate a request for medical records

NCQA (National Committee for Quality Assurance) included a change in the 2019 HEDIS® (Healthcare Data and Information Set) Technical Specifications that eliminates the need for a medical record abstraction if a CPT Category II Code is used on the claim to designate a member's blood pressure reading.

This means NMHC will no longer request a medical record from you for members with hypertension if CPT Category II codes are included on the claim. Every year, we ask for over 400 records from our network of providers for members with a hypertension diagnosis in order to manually abstract a blood pressure reading. Using the systolic and diastolic codes noted below on the claim can eliminate this aggravating HEDIS measure medical record shuffle.

Blood Pressure Reading	CPT Category II Code
Systolic less than 140	3074F or 3075F
Systolic greater than or equal to 140	3077F
Diastolic less than 80	3078F
Diastolic 80-89	3079F
Diastolic greater than or equal to 90	3080F

Medication-assisted treatment for opioids

Does your office provide medication-assisted treatment (buprenorphine/buprenorphine-naloxone or naltrexone) for opioid use disorder? If so, please email your response to NMHC Provider Services at provider.services@mynmhc.org. This will allow NMHC to better assist members in need of these important services.

Requesting pharmacy prior authorizations for NMHC members

You asked for better pharmacy prior authorization solutions and we heard you! In partnership with OptumRx®, we are pleased to announce three new prior authorization process enhancements for our NMHC members:

- **ePA** (electronic prior authorization): provides an electronic method to submit pharmacy PAs. [CoverMyMeds](#) is the ePA partner.
 - **ePRO** (proactive PA): identifies expiring prior authorizations and sends systematic alerts to prescribers to initiate a renewal.
 - **PreCheck MyScript**: provides an interface between the physician and OptumRx for faster communication of required PA. This solution will launch in December 2018 and reduces member disruption at the pharmacy, provides more detailed information concerning covered alternatives and costs, and provides the ability to obtain real-time automated PA approvals. [Learn more](#) about PreCheck MyScript.
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Information you need is on our website

We would like to remind you about our website, mynmhc.org. We include information about many topics of interest on our website, and you can view and/or download information about the following topics there:

- The process to refer members to **case management**.
- The process to refer members to **disease management**.
- Information about **disease management programs**, including how to use the services and how NMHC works with a practitioner's patients in the program.
- Information about NMHC's **medical necessity criteria**, including how to obtain or view a copy.
- Information about the availability of staff to answer questions about **utilization management (UM)** issues.
- The toll-free number to **contact staff** regarding UM issues.
- NMHC's policy prohibiting financial incentives for **utilization management decision-makers**.
- Information about NMHC's **pharmaceutical management procedures** including our drug list along with restrictions and preferences; how to use pharmaceutical management procedures; an explanation of limits and quotas; how practitioners can provide information to support an exception request; and NMHC's processes for generic substitution, therapeutic interchange, and step-therapy.
- A description of the process to review information submitted to support a practitioner's **credentialing application**, correct erroneous information and, upon request, to be informed of the status of the credentialing or recredentialing application.
- NMHC's **member rights and responsibilities statement**.

If you have any questions about accessing our website or if you would like more information, please call your Provider Relations Representative (visit our [website](#) for a current directory). The most recent information about NMHC and our services is always available on our website.

- Find our most recent fax blasts, back issues of our provider newsletter, and useful writable PDF forms on our [Provider Forms & Other Resources page](#).
- Do you have an idea for a newsletter article? [Email the newsletter editor](#).