



NMHC Provider Connection

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- Our medical management resources are here to help you with patient care
- Our claims address has changed
- 2019 brings important behavioral health visit cost-share, pharmacy, and medical benefit drug changes

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

We're working to help you focus on care delivery: A message from Mark Epstein, MD, Medical Chief Officer

The daily work of clinicians and their office personnel is increasingly burdened, whether due to the latest electronic medical record (EMR) implementation, specialist referral challenges, an unforeseen pharmacy-related formulary change or prior authorization requirement, or increasing expectation on satisfaction scores and the like. Recent posts among our physician colleagues reiterate a well-known phenomenon of "I'd rather just retire than live through another EMR implementation."

As a physician-led health plan, we are very familiar with the day-to-day pains associated with simply working to deliver the best care possible to your patients. And as a health plan that invests heavily in our resources and staff to fully wrap ourselves around our insured population, we attempt daily to lighten your load wherever we can through the good work of our care coordinators, nurse care managers, disease managers, pharmacists, medical directors, and financial advisors, among others. All the steps your patients need to manage just to keep them in the highest state of health possible once they exit the exam room can be overwhelming and turn into additional burdens for you and your staff.

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Please make note of our claims address change

We have a new address for all NMHC claims: **P.O. Box 211468, Eagan, MN 55121**. The United States Postal Service will stop forwarding mail from the old Corpus Christi address on March 1, 2019. Please update your records. We have corrected the address in all of the provider forms on mynmhc.org/provider-resources.aspx and in the [NMHC Provider Handbook](#).

Changes to our behavioral health outpatient visit cost-share

We have made a change to the level of cost-sharing for our outpatient behavioral health visits, which will become effective on January 1, 2019. Historically, NMHC has offered outpatient behavioral health visits with no copayments. In 2019, seven of our nine health plan offerings will have some type of cost-share required for each visit. [View a comparison of the benefits for all our 2019 individual and family plans online.](#)

All NMHC plans are based on a calendar year, so the provider portal should always show the

member's corresponding Summary of Benefits and Coverage (SBC) and benefit structures.

2019 pharmacy changes for New Mexico Health Connections

The new year brings the following changes to the NMHC pharmacy benefit.

Formulary: the NMHC formulary (drug list) is subject to change each year. Members impacted by 2019 changes received notification letters from our pharmacy benefit manager, OptumRx®, in November 2018. Members may share their notification letter with prescribers when action is needed. When possible, the letter will include alternative drugs that will be covered in 2019.

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2019 medical benefit drug changes

Beginning **January 1, 2019**, NMHC will be adding coverage categories (preferred vs. non-preferred) for additional drugs that are reviewed *under the medical benefit*. New categories include the following: Factor IX Antihemophilic Factor Products, Erythropoiesis Stimulating Agents, Luteinizing Hormone-Releasing Hormone (LHRH), and Severe Asthma.

For all new-start patients, preferred agent(s) should be used first-line. Please note that existing authorizations will continue to be recognized, and patients stable on current therapy will not be required to change medication. ***This program is specific to drugs billed on the medical benefit and does not affect the pharmacy benefit.***

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Our satisfaction survey results show that you take good care of our members

Every year, NMHC asks members for their thoughts on and satisfaction with our provider network, our service to them, and the health plan in general. This year, almost 24 percent of those who received a survey responded. Some of the questions asked on the survey related to getting care quickly and when needed, as well as how well the member's provider coordinates their care and communicates with them.

[Continue reading for the survey results](#)

Handwritten paper claim submissions

Although we highly recommend filing claims electronically, some practices prefer to submit paper claims. **Please be advised that we will no longer accept handwritten claims.** Handwritten claims will be returned to you and will not be processed. You can ensure timely and accurate paper claim processing by using machine/computer generated printed forms. For a complete list of guidelines regarding paper claims, please refer to the [Provider Handbook](#) available on our website.

How will our members find you?

Keeping your practice information up-to-date is an important responsibility. Whenever you terminate a provider, add a new provider to your practice, or change your address or phone number, please let your Provider Network Relations Representative know. We have developed a reporting method using an Excel spreadsheet you can update and send to us via email when changes occur within your practice. Completing the roster spreadsheet takes very little time and ensures that members seeking your services have the most current information about your practice. Not sure what to report? Please contact your Provider Network Relations Representative for additional information.

- 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](#).

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