Blue Cross Blue Shield of Rhode Island

provider update

P=Professional | **B**=Behavioral Health | **F**=Facilities

February 2017

At Blue Cross & Blue Shield of Rhode Island (BCBSRI), we're committed to improving the health of our members and all Rhode Islanders by supporting access to high-quality, affordable healthcare. To achieve this, we partner with the provider community. Our collaboration includes rewarding primary care providers (PCPs)—who are uniquely positioned to influence patient behavior—for improving quality and closing gaps in care. That's why I'm pleased to announce BCBSRI's 2017 PCP Quality Incentive Program.

Our program supports improvements in quality as measured by nationally recognized programs, such as the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS). Each relies on specific metrics—Health Care Effectiveness Data and Information Set for NCQA and Star Ratings for CMS—to measure health plans. Higher scores can indicate improved care outcomes for your patients and our members.

The 2017 PCP Quality Incentive Program breaks down key measures into three groups—Adult: BlueCHiP for Medicare; Adult: Commercial; and Pediatric: Commercial. Adult program measures include: breast cancer screenings, adult BMI assessment, diabetes, controlling high blood pressure, and colorectal cancer screening. For the pediatric program, the measures include well-child counseling for nutrition, well-child counseling for physical activity, well-child BMI assessment, and adolescent immunization status. For 2017, we have added a new measure for the pediatric program: developmental screening in the first three years of life.

To assist PCPs with closing gaps in care, we encourage you to use our web-based Blue Insights Population Health Management Tool, also known as the population health registry. Introduced in late 2015, Blue Insights displays timely data for your attributed members, such as prospective preventive and chronic disease gaps in care, your high-risk Blue Cross patients, utilization information, Rx data, and other providers who have treated your patients.

More detailed information about the 2017 PCP Quality Incentive Program can be found here. If you have questions about the program or about the Blue Insights Population Health Management Tool, please email PopulationHealthRegistry@bcbsri.org or contact your provider relations representative.

Thank you for your continued partnership and collaboration with us. Now more than ever, we need to work together to find ways to improve the health of Rhode Islanders while driving toward affordable and cost-effective care.

Dr. Gus Manocchia
Senior Vice President and Chief Medical Officer

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BCBSRI Update

PBF 2017 Trans*Health Conference: Registration now open

The Warren Alpert Medical School of Brown University, together with Rhode Island College and the TGI Network of Rhode Island, are proud to announce that provider registration has opened for the state's third Trans*Health Conference. The conference is for medical, behavioral health, and allied healthcare providers as well as self-identified members of the transgender and gender-nonconforming community. This one-day conference will take place on March 4, 2017, at the Warren Alpert Medical School. The purpose of the conference is to:

- Provide education on important concepts related to caring for transgender patients.
- Enhance clinical expertise.
- Expand the community's access to care.

Experts from the region will present on best practices and lessons from their own work. Continuing education credits will be available for physicians, nurse practitioners, physician assistants, nurses, and behavioral health providers. Attendance at the conference helps fulfill staff training requirements for practices applying to become LGBTQ Safe Zones.

trans health conference 2017

Attendees for the medical or behavioral health provider tracks can now register for the conference. We encourage you to do so at your earliest convenience, as space is limited. For questions about the conference, please contact the Brown University Office of Continuing Medical Education at (401) 863-2871 or cme@brown.edu.

P Web-based referral management tool is now mandatory

Last year, BCBSRI introduced a web-based referral management tool. All primary care providers (PCPs) and specialists are required to use this tool to launch a referral and check the status of referrals from PCPs to specialists. In September, we notified you that we were experiencing technical difficulties with the tool and had enacted a system override to prevent claims without a referral from denying while the problem was resolved. **We're pleased to report that the referral management tool is now functioning properly. As a result, primary care providers are required to submit referrals through the web-based referral management tool for dates of service rendered by specialists on or after January 1, 2017.**

The products that require web-based referrals include all BlueCHiP Commercial, BlueCHiP for Medicare Advance, and New England Health Plan (NEHP) products. These products have always required a referral, but the method has changed from a paper to a web-based process. Please note, NEHP cross-border referrals to providers in other New England states will continue to follow the traditional fax-based process. However, services rendered within the BCBSRI network will need to be submitted through the web-based tool.

Primary care providers are responsible for generating referrals to specialists for members enrolled in these products. Specialists are responsible for ensuring a referral is in place prior to rendering services. If services are rendered without a referral being entered in the referral management tool, the claim may be denied.

How to determine if your patient has a referral-based plan

1. Review our BCBSRI Product Overview. It outlines which plans require a referral for specialist visits and which do not.

2. Log on to the BCBSRI provider portal and go to the Patient Eligibility section to verify medical benefits. Click the Medical Benefits tab and select the applicable Service Category and Service Type to see if a referral is required.

Please note that some systems of care (SOCs) have developed an alternative process to submit an online referral to BCBSRI. If you are a PCP and are affiliated with an SOC, but are unsure if you need to follow an alternate process, please contact the SOC administrative staff for clarification.

If you have any questions about the referral management tool or the BCBSRI products that require web-based referrals, please call our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only).

BCBSRI Update

B CODAC Medication Assisted Treatment (MAT) Pilot Program

This outpatient buprenorphine/naloxone or buprenorphine program is offered by CODAC, a substance use disorder treatment facility. It is designed to provide comprehensive medication assisted treatment-related services to BCBSRI Commercial members to facilitate recovery from opioid use disorders. The goal of the program is to offer structured and intensive treatment, including medication assisted treatment such as Suboxone, nursing, counseling, and case management services that ultimately lead to recovery and the ability to maintain recovery in a less intensive treatment program. If you wish to refer someone to the program, please contact CODAC at (401) 871-6563.

PBF Important: Update your practice information!

When our members have up-to-date information about your practice, it helps ensure a positive experience for them and for you. Having accurate information is so important that it's a CMS requirement and a contractual obligation under your BCBSRI provider agreement. Providers must give BCBSRI a 60-day notification of any provider or practice changes.

Please take a moment to review your practice information in our Find a Doctor tool, focusing on the following areas:

- Your first and last name
- Practice name
- Practice location or locations
- NPI
- Specialty and sub-specialties
- Panel status
- BCBSRI product participation
- Practice phone number or numbers
- Wheelchair accessibility

Panel status refers to whether or not you are accepting new patients, which applies to specialists as well as PCPs.

If updates are needed, please fill out and submit the BCBSRI Practitioner Change Form. If you have any questions, please email ProviderRelations@bcbsri.org or call your provider relations representative.

PF Hints for HEDIS (and more)

As part of our ongoing efforts to provide the highest quality care to our members, BCBSRI reviews data from the Healthcare Effectiveness Data and Information Set (HEDIS®), CMS Stars, Consumer Assessment of Healthcare Providers and Systems, Medicare Health Outcomes Survey, and internal resources. This helps us identify opportunities to enhance clinical care for your patients, our members. "Hints for HEDIS (and more)" provides guidance and resources to help address these opportunities. If you have any questions, comments, or ideas regarding any of our quality or clinical initiatives, please contact Courtney Reger, RN, BSN, quality management analyst, at (401) 459-2763 or courtney.reger@bcbsri.org.

NEW this year

Effective with HEDIS 2017, NCQA added a new CPT Category 2 code, 3072F, to identify diabetic eye exams negative for retinopathy. While CPT category 2 codes are not reimbursed by BCBSRI, submission of this code will **reduce the HEDIS medical record review burden on your practice**. This code can be submitted effective immediately and can even be used for claims with older dates of service.

Comprehensive diabetes care

The HEDIS Comprehensive Diabetes Care (CDC) measure set includes screening rates for retinal eye exams, HbA1c, and blood pressure; medical care for kidney problems; and rates of A1C control in patients with type 1 and type 2 diabetes. Below are practice tips for the HEDIS Comprehensive Diabetes Care measures.

Comprehensive Diabetes Care Measure	Measure Population *Type 1 or 2 diabetes plus*	Tips for Success
Hemoglobin A1c (HbA1c) testing	An HbA1c test during the measurement year	• Pre-visit planning may be useful. For members with upcoming appointments, medical assistants can mail a reminder letter and a lab slip to those due for HbA1c screening and other tests to help increase rates. • Reinforce with members the importance of routine A1c testing as an indicator of diabetes control and to help guide treatment planning.
HbA1c poor control (>9.0%)	The most recent HbA1c test during the measurement year with a result greater than 9.0% **OR** a missing result	• For this measure, lower rates (of poorly controlled members with diabetes) are desirable. • Consider Diabetes Disease Management for patients with diabetes. • Consider endocrinology referral for complex or refractory cases.
HbA1c control (<8.0%)	The most recent HbA1c test during the measurement year with a result less than 8.0%	• Reinforce members' achievement of target A1c and its association with lower rates of complications.

Quality

Comprehensive Diabetes Care Measure	Measure Population *Type 1 or 2 diabetes plus*	Tips for Success
Eye exam (retinal) performed	A retinal eye exam by an optometrist or ophthalmologist in the measurement year **OR** a "negative for retinopathy" retinal exam by one of the above specialists in the year prior to the measurement year	• The retinal eye exam may include (but does not require) dilation. • Remind patients that diabetic eye disease can be asymptomatic, so routine exams are important for finding and treating problems early.
Medical attention for nephropathy	A nephropathy screening test **OR** evidence of nephropathy	• Dispensation of at least one ACE-I or ARB medication counts as evidence of nephropathy. • Remind patients that, like eye disease, diabetic kidney disease may be asymptomatic. Regular tests can detect issues early, when treatment may help delay disease progression. • Pre-visit planning may be useful when screening tests are due. For members with upcoming appointments, have medical assistants note (schedules or records) that a urine test for microalbumin is needed.
Blood pressure control (<140/90 mm Hg)	The most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter	• Discuss the importance of blood pressure control, especially given the additional cardiovascular risks for people with diabetes.

BCBSRI offers a disease management program for Commercial members with diabetes. Interventions are based on risk stratification. All identified members (low risk) receive a mailing to introduce the program and provide educational material. A call-in line is also made available for additional information or questions. Diabetics with gaps in care (moderate risk) receive notifications recommending they contact their physician to schedule any necessary screening or testing. Members stratified as high risk are offered the opportunity to participate in telephonic health coaching with a BCBSRI registered nurse or registered dietician. The notification to high-risk members who belong to a patient-centered medical home (PCMH) includes a recommendation that they contact the nurse case manager at their primary care physician's office for assistance with their diabetes management. If you have Commercial members who could benefit from the Diabetes Disease Management Program, please call the BCBSRI Triage Line at (401) 459-2273.

Controlling blood pressure

Controlling Blood Pressure is both a HEDIS and CMS Stars Measure. The table below summarizes the 2017 HEDIS specifications.

Measure	Measure Population (Hypertension adequately controlled)	Tips for Success
Controlling high blood pressure (BP): The percentage of members aged 18-85 who had a diagnosis of hypertension and whose BP was adequately controlled	Members aged 18-59 whose BP was <140/90 mm Hg Members aged 60-85 w/diagnosis of diabetes whose BP was <140/90 mm Hg Members aged 60-85 without diagnosis of diabetes whose BP was <150/90 mm Hg	• HEDIS uses the most recent BP reading recorded (in the measurement year) after a diagnosis of hypertension. If there are multiple readings in one visit, the lowest systolic and lowest diastolic can be used for HEDIS. • **Be sure to document the number as recorded; the blood pressure should not be rounded up.** • Be sure to use correct diagnosis codes. Notations of "rule out HTN," "consistent w/HTN," "possible HTN" are not adequate confirmation of a hypertension diagnosis. • Have sphygmomanometers checked and calibrated annually. • Consider referral to a registered dietician for patients who require nutritional guidance. • Consider refresher training to help standardize BP measurement techniques among your staff. See below for more information.

Measuring blood pressure: Technique matters

The American Heart Association provides guidelines for blood pressure measurement that include the following instructions about proper technique:

- Patient should be seated comfortably, with back supported and legs uncrossed.
- If possible, measure blood pressure after patient has been sitting for five minutes.
- The cuff should be applied to bare skin, not over clothing.
- Patient's arm should be supported at heart level.
- The cuff bladder should encircle ≥ 80% of the patient's arm circumference.
- Mercury column should be deflated at 2 to 3 mm per second.
- Neither the patient nor the person taking the measurement should talk during the procedure.

BCBSRI adopts the recommendations of the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, published and developed by the National High Blood Pressure Education Program in coordination with the National Heart, Lung, and Blood Institute of the National Institutes of Health.

The full guideline is available on the National Heart, Lung, and Blood Institute website. You can also view the BCBSRI clinical practice guideline for high blood pressure on our secure provider portal.

Quality

Tools for your patients

The Million Hearts® campaign is a national initiative with a goal of preventing one million heart attacks and strokes by 2017. The Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services co-lead the initiative on behalf of the U.S. Department of Health and Human Services. The Million Hearts website contains data, research, provider tools, and patient materials designed to inform clinical practice and promote prevention and management of chronic cardiovascular diseases such as hypertension.

BMI assessment

The Adult BMI Assessment (ABA) and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) are HEDIS measures for NCQA accreditation. The Adult BMI Assessment is also a Medicare Stars measure. They require the assessment and documentation of encounter date, height, weight, and BMI value or percentile depending on age. A review of HEDIS data showed the most opportunity for improvement in these measures among practices that do not have an electronic health record.

If your practice has an electronic health record, please ensure it is calculating and recording the BMI after entering the patient's height and weight. In many electronic health records, this is a function that needs to be turned on in order to calculate BMI. **In practices that routinely perform well on these measures, the clinical workflow includes obtaining and documenting a BMI at every visit, including sick visits**.

Please note: Practices that have access to our population health registry can proactively monitor their patients' information for all these measures and can also enter information to close gaps in care.

Pharmacy

PBF GuidedHealth® Clinical Programs

BCBSRI's new partnership with Prime Therapeutics provides access to GuidedHealth clinical programs to help members make better decisions about their medications. Through the analysis of pharmacy and medical claims data, GuidedHealth identifies drug therapy opportunities and engages members and/or their providers to improve care and lower costs.

GuidedHealth's comprehensive suite of retrospective drug utilization review clinical programs are designed to identify potential misuse and abuse, close gaps in care, improve adherence, help discontinue unsafe medicine use, and promote preferred medicine use. GuidedHealth offers the following advantages:

Leverages our unique connection

By integrating pharmacy and medical data, GuidedHealth targets populations for interventions, making the information more actionable.

Takes a holistic view

Drug therapy opportunities from multiple clinical programs are aggregated by member, offering physicians a holistic view to improve care.

Creates initiatives based on problems identified in "real-life" pharmacy practice

The catalyst for new program development comes from many sources, including:

- Collaboration with other Blues plans
- Utilization trends
- New drugs to market
- Unmet clinical needs

Assumptions are validated with clinical literature that supports treatment recommendations.

- Trends revealed in medical and pharmacy claims history validate the need for specific retrospective drug utilization review programs.
- A panel of pharmacists reviews and validates the clinical rationale and methodology for each drug utilization review intervention.

All programs are developed using evidence-based medicine and nationally recognized drug compendia and guidelines. They have been organized into modules that focus on overuse, underuse, and unsafe medicine use.

Pharmacy

Multiple engagement methods

Rather than focusing our efforts on a single engagement channel, GuidedHealth uses multiple methods to improve outcomes, including

- Letters to providers
- Letters to members
- Telephonic outreach to members
- Data files to pharmacists embedded in PCMHs as part of the Patient-Centered Pharmacy Program

BCBSRI encourages prescribers to utilize these letters and reports to providers to ensure the best outcomes for patients by considering the recommendations made, discussing them with patients, and making changes as appropriate.

Behavioral Health

B Follow Up After Hospitalization Quality Pilot Program

BCBSRI is committed to promoting better health outcomes and quality care for members with behavioral health needs. As part of this commitment, BCBSRI implemented a quality program for our behavioral health participating providers aimed at improving timely transitions from inpatient behavioral healthcare to outpatient behavioral health specialist services for members who experience an inpatient mental health admission.

The National Committee on Quality Assurance (NCQA) has an established Healthcare Effectiveness Data and Information Set (HEDIS) measure, Follow Up After Hospitalization for Mental Illness, which will be the basis for our determination of timely transitions. BCBSRI is focusing on the component of this measure that assesses the percentage of members 6 years of age and older who attend a follow-up behavioral health visit within seven calendar days of discharge from an inpatient admission for a primary mental health diagnosis.

In an effort to improve the number and therefore the percentage of members who attend a follow-up behavioral health visit, and to improve transitions of care, BCBSRI will provide a $40 incentive payment to participating providers who complete a visit with a member within the seven-day timeframe. Discharges to intermediate levels of care as well as some types of member coverage are not included in this pilot program.

A detailed communication fully outlining the quality program was mailed to all participating behavioral health outpatient professional providers on July 1, 2016. The additional reimbursement will be effective for inpatient mental health discharges from July 1, 2016 through June 30, 2017. If you have any questions, please contact Rena Sheehan, director of behavioral health, at (401) 459-1467 or rena.sheehan@bcbsri.org, or Sarah Fleury, behavioral health performance specialist, at (401) 459-1384 or sarah.fleury@bcbsri.org.

Claims

PBF Update for all EDI trading partners

On February 27, 2017, BCBSRI will return an Unsolicited 277CA (005010X0214) claim status response (accepted or rejected) for every claim submitted by our paperless providers. These files will be placed into the Trading Partners' Mailbox on the EDI Gateway on a daily basis as files are received.

Policies

PF Policies recently reviewed for annual update

The following policies were recently reviewed for annual update. The full text is available on the Policies page of the Provider section of bcbsri.com.

- Ambulatory Blood Pressure Monitoring
- Bone Turnover Markers for the Diagnosis and Management of Osteoporosis and Diseases Associated With High Bone Turnover
- Bone Mineral Density Studies
- CA 125
- Clean Claim Criteria
- Dental Services Rendered in the Outpatient Setting
- Early Intervention Services
- Genetic Testing Services (formerly titled Preauthorization via Web-Based Tool for Genetic Testing)
- Implantable Bone Conduction and Bone Anchored Hearing Aids
- Oral Surgeons Filing Anesthesia Services in the Office Setting
- Physical and Occupational Therapy
- Preauthorization via Web-Based Tool for Durable Medical Equipment (DME)
- Preauthorization via Web-Based Tool for Procedures
- Removal of Non-Covered Implantable Devices
- Routine Foot Care and Nail Debridement
- Serum Tumor Markers for Breast and Gastrointestinal Malignancies
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- Subcutaneous ICD (S-ICD®) Implantable Cardioverter
- Therapeutic Eyeglasses and Contact Lenses
- Timely Filing

For your review, we also post monthly drafts of medical policies being created or reassessed. As a reminder, you can provide comments on draft policies for up to 30 days. Draft policies are located on the Policies page of the Provider section. Once on that page, click the drop-down box to sort policies by draft.

PBF BlueCHiP for Medicare products

BCBSRI must follow the Centers for Medicare and Medicaid Services (CMS) guidelines for national coverage determinations (NCD) or local coverage determinations (LCD). Therefore, policies for BlueCHiP for Medicare may differ from policies for Commercial products. In some instances, benefits for BlueCHiP for Medicare may be greater than what is allowed by CMS.

In the absence of an applicable NCD, LCD, or other CMS published guidance, BCBSRI will apply policy determinations developed using peer-reviewed scientific evidence. BCBSRI will continually review NCD and LCD updates and implement applicable policy changes.

Due to the ongoing effort to follow CMS NCDs and LCDs, many BCBSRI policies are now applicable to Commercial products only. In these instances, for further information on coverage for BlueCHiP for Medicare, please refer to the BlueCHiP for Medicare National and Local Coverage Determinations policy.

PF Blood glucose monitors

A new policy was created to document medical criteria used to determine medical necessity for BlueCHiP for Medicare regarding blood glucose monitors that are not obtained from the preferred vendor OneTouch. This policy is not applicable to Commercial products. Please see the full text of this policy.

Policies

PF Non-contact ultrasound treatment for wounds

Effective March 1, 2017, the Non-Contact Ultrasound Treatment for Wounds Policy will no longer require prior authorization for BlueCHiP for Medicare as the service will be covered. This change does not impact Commercial products. The service will remain not medically necessary for Commercial products. Please see the full text of this policy.

PF Important reminder for laboratory, imaging, durable medical equipment, and home infusion therapy providers regarding ordering provider information

BCBSRI requires providers to report the name and National Provider Identifier (NPI) of the ordering provider on the CMS-1500 claim form or electronic submission. The ordering provider's name should be reported in box 17, and the NPI should be reported in box 17b. When the ordering physician is also the performing physician, as is often the case with in-office clinical labs such as a urine dipstick, the performing physician should enter his or her information in boxes 17 and 17b.

When a service is incident to the service of a physician or non-physician practitioner, the name of the person who performs the initial service and orders the non-physician service must appear in box 17.

Missing or incomplete information will result in a claim being rejected back to the provider. Please see the full text of this policy.

PF Artificial intervertebral disc insertion lumbar spine

The Artificial Intervertebral Disc Insertion Policy has been updated and now has a new name: Artificial Intervertebral Disc Insertion Lumbar Spine Policy. Artificial intervertebral discs of the lumbar spine continue to be considered not medically necessary as there is insufficient peer-reviewed literature that demonstrates that the procedure is effective. Please see the full text of this policy.

PF Preauthorization via Web-Based Tool for Procedures Policy

Effective February 1, 2017, insertion of an artificial cervical intervertebral disc will require prior authorization. The service and the corresponding CPT code can be found in the Preauthorization via Web-Based Tool for Procedures policy. Additionally, removal of an artificial cervical intervertebral disc will be a covered service and will no longer require prior authorization.

PF Genetic and protein biomarkers for the diagnosis and cancer risk assessment of prostate cancer

The Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer Policy has been updated to include the brand name test Apifiny (Armune Bioscience, Inc.) as a service that is not medically necessary. As technology surrounding genetic testing evolves, additional proprietary tests will continue to be added to the policy as BCBSRI is made aware of their existence. Providers should refer to the policy for coverage information of such brand name tests. In the event that a brand name test cannot be found in a policy, providers should request authorization of the service through Utilization Management. Please see the full text of this policy.

PF Durable medical equipment

Effective April 1, 2017, code A9901 will be covered but not separately reimbursed for BlueCHiP for Medicare and Commercial products.

PF Important code changes for drug testing

HCPCS Codes G0477, G0478, and G0479 have been deleted and replaced by CPT codes 80305, 80306, and 80307, effective for services rendered on or after January 1, 2017. Also, HCPCS code G0659 has been added, effective for services rendered on or after January 1, 2017. Please see the full text of this policy.