



provider update

P=Professional

B=Behavioral Health

F=Facilities

June 2015



*Dr. Gus Manocchia
Senior Vice President
and Chief Medical
Officer*

Greetings,

Our monthly newsletter includes news and updates for physicians, providers, and facilities in our network. It's full of important and useful information impacting how we do business together.

As always, please contact us with any comments or questions you have. We look forward to your continued partnership and collaboration.

BCBSRI Update

PFB REMINDER: Web-Based Preauthorization

As recently communicated, we transitioned most of our current BCBSRI web-based/fax prior authorization processes to McKesson's Clear Coverage™ decision support tool in December 2014. In [April Provider Update](#) we explained that select procedures rendered by multiple specialists will require preauthorization through the Clear Coverage system beginning June 1, 2015.

Clear Coverage's fully automated web-based system includes real-time decision support features. Here are some highlights:

- **Automated authorization:**
Real-time approval for services that meet clinical criteria
 - > Immediate proof of authorization while patient is in your office
 - > Printable confirmation with an authorization number
 - > Ability to submit requests 24/7
 - > Minimal need for phone calls, faxes, and providing additional clinical information

- **Clinical decision support:**
Automated interactive tool with InterQual® criteria
 - > Confirms evidence basis for requested service or recommends alternatives
 - > Easily and clearly verifies if authorization is required for specific types of services by CPT or service type
 - > Printable clinical evidence summaries for use in your practice

Preauthorization for Services Through Clear Coverage

For a full list of the services that must be submitted for preauthorization through Clear Coverage, please review the following policies in the Provider section of **bcsri.com**:

- [Preauthorization via Web-Based Tool for Procedures](#)
- [Preauthorization via Web-Based Tool for Durable Medical Equipment](#)

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BCBSRI Update

Also, please review the [Preauthorization Quick Reference Guide](#) for a description of services by code(s).

Please note:

- Inpatient admissions, speech therapy, private duty nursing, and pulmonary rehab will continue to go through BCBSRI's traditional web-based/fax preauthorization process.
- High-tech radiology preauthorization requests will continue to go through MedSolutions, Inc., our radiology management vendor.
- Prescription drugs covered by the member's pharmacy benefit will continue to go through Catamaran, our pharmacy benefits manager.
- Prescription drugs covered by the member's specialty pharmacy benefit will continue to go through Walgreens Specialty Pharmacy.
- Behavioral health preauthorization requests will continue to go through ValueOptions, our behavioral health management vendor.

ValueOptions is responsible for all preauthorizations and concurrent reviews for behavioral health services. Facility-based behavioral health services include:

- Inpatient
- Residential
- Partial Hospitalization Program (PHP)
- Intensive Outpatient (IOP)

Outpatient behavioral health services include:

- Applied Behavior Analysis (ABA)
- Child & Family Intensive Treatment (CFIT)
- Transcranial Magnetic Stimulation (TMS)

Provider Education & Training

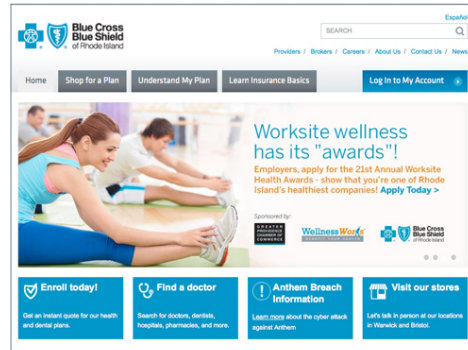
For your convenience, you will be able to receive training for Clear Coverage in the following ways:

- **Webinars** – Through June 25, we will be offering three webinars per week:
 - > Tuesdays at 7:30 a.m.
 - > Wednesdays at 12:00 p.m.
 - > Thursdays at 4:00 p.m.
- **On-site training in your office**
Please contact the Physician & Provider Service Center to schedule.

Participants interested in attending any of these webinars should email their request to BCBSRIWebinar@bcbsri.org. Your enrollment will be confirmed via email, and instructions to access the webinar will be provided.

How to Access Clear Coverage on bcbsri.com

You will need to log in to the secure Provider portal on bcbsri.com to initiate the preauthorization process through Clear Coverage. Once logged on, click on Preauthorization, which is located in the left-hand navigation. If you can currently log in to bcbsri.com, you will be able to access Clear Coverage immediately.



If you (or your practice) **do not** currently have a log-in to bcbsri.com, please follow these steps:

1. Click "Sign up for a log-in" on the lower right-hand side of the Provider home page.
2. Follow the prompts to register as a participating provider and request a PIN. Please note that the information you provide online will be populated in a pdf that you will need to print, sign, and fax to BCBSRI.

For More Information

You can find more information in our [Clear Coverage](#) [Frequently Asked Questions](#). If you have any questions regarding these changes, please contact our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out-of-state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.

BCBSRI Update

PFB The Importance of Chart Reviews

BCBSRI is responsible for annually collecting and reporting risk adjustment data to CMS. This activity helps put healthcare spending and utilization into proper context for your patients and our Medicare Advantage members. Retrospective chart reviews provide our health plan, and ultimately CMS, with a means of capturing additional diagnoses fully supported in the member's medical record that were not initially captured via

an initial claims submission. By retrieving this information, we can provide CMS with a more comprehensive and accurate view of the health status of our members. This information will also help secure future clinical and financial resources to provide better care for your patient population.

Starting in June, BCBSRI coders and/or our trusted vendor partner Peak Risk Adjustment Solutions

will request your cooperation in allowing access to and copying of these members' medical records for 2014 dates of service. Over time, it is our intent to develop and distribute valuable provider reporting following these reviews, which will help identify coding and documentation opportunities. We appreciate your continued support with this critical initiative.

PFB Our 2014 Annual Report is Now Available

We're pleased to announce that our 2014 annual report, *Building the Rhode Ahead*, is now available. To save money and go green, this year's report is digital rather than print. In the report, we outline our plan that's already underway for making healthcare simple and affordable by 2018 for all stakeholders, including customers and providers.



In the report, you'll find:

- Videos showing the improved healthcare experience for patients and doctors by 2018
- How we're partnering with doctors, hospitals, and government/community leaders to help transform the healthcare system
- Results from our advanced primary care network, which includes high-performing patient-centered medical homes across the state
- New payment models that move away from traditional fee for service

There's a lot happening at BCBSRI, so please be sure to take a look at the report at bcbsri.com/annualreport.

P Hints for HEDIS® (and More)

As part of our ongoing efforts to provide the highest quality care to our members, BCBSRI reviews data from Healthcare Effectiveness Data and Information Set (HEDIS®), CMS Stars, CAHPS, 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 Siana Wood, R.N., Senior Quality Analyst at (401) 459-5413 or siana.wood@bcbsri.org.

Controlling Blood Pressure

According to 2013 data from the Centers for Disease Control’s Behavioral Risk Factor Surveillance System (BRFSS), 33.8%

of Rhode Island adults had been told by a physician that they have hypertension. Hypertension is frequently asymptomatic, yet can damage the heart, brain, kidneys, and vascular system. For 2015, the Controlling Blood Pressure HEDIS measure has changed to reflect some age- and diagnosis-specific recommendations. The following table outlines the current measure:

Measure	Measure Population (Hypertension Adequately Controlled)	Tips for Success
Controlling High Blood Pressure: The percentage of members aged 18-85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled	Members aged 18-59 whose BP was <140/90 mm Hg	<ul style="list-style-type: none"> • HEDIS uses the most recent BP reading recorded (in the measurement year) after a diagnosis of hypertension. If there are multiple values in one visit, the lowest systolic and lowest diastolic can be used for HEDIS.
	Members aged 60-85 w/diagnosis of diabetes whose BP was <140/90 mm Hg	<ul style="list-style-type: none"> • Be sure to use correct diagnosis codes. Notations of “rule out HTN,” “consistent w/HTN,” and “possible HTN” are not adequate confirmation of a hypertension diagnosis. • Have sphygmomanometers checked and calibrated annually.
	Members aged 60-85 w/diagnosis of diabetes whose BP was <140/90 mm Hg	<ul style="list-style-type: none"> • Consider referral to a registered dietician for patients who require nutritional guidance. • Encourage physical activity in patients without contraindications. BlueCHiP for Medicare members may be interested in the Living Fit benefit (see pg. 7), which offers discounts on fitness memberships. • Consider refresher training to help standardize BP measurement techniques among your staff. See pg. 7 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 $\geq 80\%$ 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 (JNC 7), which is published and developed by the National High Blood Pressure Education Program in coordination with the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health.

The [full guideline](#) is available on the NHLBI website. You can also view the BCBSRI clinical practice guideline for high blood pressure by [logging in](#) to our secure Provider section of bcbsri.com.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children (Adolescents)

This HEDIS measure looks for documentation of body mass index (BMI)—percentile or value, depending on age of patient—and evidence of counseling for both nutrition and physical activity in children and teens aged 3 to 17. Additional details are as follows:

Measure	Compliance Requirements	Tips for Success
BMI percentile documentation	<p>Documentation must include height, weight, and BMI percentile during the measurement year. Either of the following meets criteria:</p> <ul style="list-style-type: none"> • BMI percentile • BMI percentile plotted on age-growth chart <p>For adolescents 16-17, documentation of a BMI value expressed as kg/m² is also acceptable.</p>	<p>Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit.</p> <ul style="list-style-type: none"> • Services specific to an acute or chronic condition do not count toward the “Counseling for nutrition” and “Counseling for physical activity” indicators. • Suggestions for documenting nutrition counseling: <ul style="list-style-type: none"> • Current nutrition behaviors (ex: appetite or meal patterns, eating and dieting habits) • Suggestions for documenting physical activity counseling: <ul style="list-style-type: none"> • Physical activity counseling (ex: child rides tricycle in yard) • Current physical activity behaviors (ex: exercise routine, participation in (or an exam for) sports activities)
Counseling for nutrition	<p>Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> • Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors) • Checklist indicating nutrition was addressed • Counseling or referral for nutrition education 	

Quality

Body Mass Index chart (continued)

Measure	Compliance Requirements	Tips for Success
Counseling for nutrition	<ul style="list-style-type: none"> • That member received educational materials on nutrition during a face-to-face visit • Anticipatory guidance for nutrition • Weight or obesity counseling 	
Counseling for physical activity	<p>Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> • Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation) • Checklist indicating physical activity was addressed • Counseling or referral for physical activity • That member received educational materials on physical activity during a face-to-face visit • Anticipatory guidance for physical activity • Weight or obesity counseling 	

Physical Activity in Older Adults

The Medicare Health Outcomes Survey (HOS) assesses (through member surveys) how well Medicare organizations manage their members' physical and mental health at the beginning and end of a two-year period. One of the HOS measures is Physical Activity in Older Adults. Its criteria—and information about our [Living Fit benefit](#) for BlueCHiP for Medicare members—are below:

Measure Population	Tips for Success
<p>The percentage of Medicare members aged 65 and older who had a doctor's visit in the last 12 months and:</p> <ul style="list-style-type: none"> • Spoke with a doctor or other healthcare provider about their level of exercise or physical activity AND • Received advice to start, increase, or maintain their level of exercise or physical activity 	Encourage physical activity in patients without contraindications.
	BlueCHiP for Medicare members may be interested in the Living Fit benefit (see pg. 7), which offers discounts on fitness memberships.

BlueCHiP for Medicare members are eligible for the [Living Fit benefit](#), which offers an unlimited-use health club membership at any one network facility for only \$5 per month. Members pay the \$5 membership fee month to month, and may cancel at any time. With their membership, BlueCHiP for Medicare members can take advantage of the following:

- Group fitness classes (additional cost may apply)
- State-of-the-art exercise equipment
- Knowledgeable, courteous staff
- Indoor swimming pools (at some facilities)

We encourage you to speak with your patients about the importance of exercise to their overall health and well-being. To learn more about BlueCHiP for Medicare member eligibility for low-cost fitness benefits, please call our

Physician & Provider Service Center at: (401) 274-4848 or 1-800-230-9050 (out-of-state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.

Depression

Depression is a serious chronic illness affecting millions of Americans. It ranges from mild to severe, can appear in the presence or absence of other behavioral health conditions, and can affect quality of life, functional ability, and interpersonal relationships. Depression may complicate co-existing medical conditions and often occurs more frequently in patients with chronic illness such as diabetes or heart disease. Multiple randomized controlled studies have shown that medication and psychotherapy can be effective in treating depression. Early identification and initiation of treatment is key. Brief screening tools such

as the PHQ-2 and PHQ-9 can be helpful in identifying depression in your practice. The PHQ-2 tool is comprised of the first two questions on the PHQ-9:

1. Over the past two weeks, have you been bothered by feeling down, depressed, or hopeless?
2. Over the past two weeks, have you been bothered by little interest or pleasure in doing things?

Replies of “no” to both questions constitute a negative depression screen. A “yes” response on either question indicates the need for further screening, such as with the PHQ-9 instrument. The instrument and a diagnostic guide can be found at the [Substance Abuse and Mental Health Services Administration website](#) (SAMHSA). Providers can also review BCBSRI’s [clinical practice guideline on the treatment of depression](#).

2014 Quality Management Program Evaluation

Each year we conduct a Quality Management Program Evaluation. The report highlights our Quality Management Program goals, our progress in meeting those goals, and the results of our clinical, preventive, and service activities. To learn more about the outcome of our program please review the [2014 Quality Management Program Evaluation Executive Summary](#) as well as the [Quality Management Objectives](#). We thank you for your efforts in helping to improve the quality of care and health of our members.

B *OnTrack*

BCBSRI is offering the behavioral health provider community a unique opportunity to integrate Feedback Informed Treatment into their practices through participation in the *OnTrack* program. *OnTrack* is a quality initiative that allows clinicians to access outcomes data they have collected from their patients and integrate it into their clinical practice without having to compile or analyze it themselves.

Feedback Informed Treatment is an SAMHSA-recognized evidence-based practice of providing psychotherapy treatment informed by repeated administration of patient self-report questionnaires. This feedback enables the clinician to better tailor treatment to the needs of the individual to achieve better treatment outcomes.

Providers utilizing *OnTrack* report that they are seeing a significant upward trend in client outcomes.

In addition to receiving access to analyzed data to inform treatment, *OnTrack* participants will receive \$5 per questionnaire submission and an opportunity to obtain an ACORN Criteria of Effectiveness (ACE) certificate. Read more information on the [certificate](#).

Here's what the national provider community is saying about *OnTrack*:

"*OnTrack* provides clear, concise, confidential client feedback in potential areas of concern AND also highlights effectiveness of treatment... I am provided with feedback about the therapeutic relationship, which can be material for discussion if I am 'off track' and the client does not confront this directly. The tool helps to inform issues of stage of development, attachment, family of origin, and relationship issues as well as counter-transference issues. I feel my clinical practice is enhanced by *OnTrack* and the return is great for the added paperwork it presents."

LCSW from Memphis, TN; participating since November 2008

"Overall use of the client feedback form provides accurate data on client symptoms and client/therapist alliance, which I have found valuable. Just talking to the clients about the importance of honest feedback to me on my work is an intervention that supports the client. Completion of the form reinforces this important message."

LMFT from Portland, OR; participating since August 2008

For more information about *OnTrack*, please contact Sarah Fleury, LICSW, Behavioral Health Performance Specialist at (401) 459-1384 or sarah.fleury@bcbsri.org.

PFB Prescribers Must Take Action by June 1, 2015

The Centers for Medicare & Medicaid Services (CMS) finalized CMS-4159-F *Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs* on May 23, 2014. This rule requires physicians and, when applicable, other eligible professionals who write prescriptions for Part D drugs to be enrolled in Medicare in an approved status or to have a valid opt-out affidavit on file for their prescriptions to be covered under Part D. Prescribers of Part D drugs must have submitted their Medicare enrollment applications or opt-out affidavits to their Medicare Administrative Contractors (MACs) by June 1, 2015, or earlier, to ensure that MACs have sufficient time to process the applications or opt out affidavits. The effective date for health plans to enforce this requirement via claim adjudication or denial is January 1, 2016.

PF Infertility Pilot with Walgreens Specialty Pharmacy

BCBSRI is partnering with our specialty pharmacy provider, Walgreens Specialty Pharmacy (WSP), to offer a pilot program that uses web-based video conferencing technology. This program is for BCBSRI patients who are currently using specialty medications for the treatment of infertility.

How the Program Will Help Infertility Patients

Web-based video conferencing technology provides a value-added option for specialty patients to communicate with their pharmacy provider face-to-face in the patient's own private setting. This technology will:

- Allow the patient's spouse, or another person involved with the patient's care, to be part of the discussion even if he or she is physically in another location.
- Provide a more personalized pharmacy experience.
- More effectively reinforce the education and training provided by infertility specialists.

We expect that this program will help infertility patients by:

- Reducing anxiety
- Decreasing confusion about medication storage and administration
- Increasing medication compliance
- Preventing harmful drug interactions
- Improving health outcomes

How the Program Works

Once WSP receives a new prescription from an infertility specialist for a covered infertility medication, a WSP nurse will contact the patient to review the prescription order. The nurse will offer to provide consultation through a video conference. If the patient declines, a phone consultation will continue. If the patient accepts, he or she will provide the nurse with an email

address. Then the nurse will schedule a time for the video consult, and the patient will receive a survey to complete after the video conferencing consultation takes place. This pilot program is for patients filling BCBSRI-covered infertility medications.

We are excited to offer this innovative communication method to our members. If you are an infertility specialist and are interested in learning more about this option, please contact:

- Rosa Tysor, BCBSRI Pharmacy Program Specialist
rosa.tysor@bcbsri.org
(401) 459-1484
- Joan Karas, WSP Account Manager Northeast Region
joan.karas@walgreens.com
(860) 922-0736

If this program is successful, it may be rolled out to members with other health conditions in the future.

Claims

PFB Claims Adjustments

Beginning July 1, 2015, we will no longer accept claims adjustments over the phone or through Secure Messaging on BCBSRI.com to make a correction to a claim that was previously submitted with incorrect information.

How This Impacts You

Electronic Submitters

Providers who submit claims through the Electronic Data Interchange (EDI) have the capability to also request adjustments that way too. We encourage any participating providers who submit claims

through the EDI to use this mechanism for all claims adjustments. We ask that you please convey this to your billing company or clearinghouse if they submit claims adjustments on your behalf.

If you have any questions on how to submit claims adjustments through the EDI, please check the [EDI Companion Guide](#), or contact our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out-of-state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.

Paper Submitters

Providers who submit claims through regular mail must complete the [Adjustment Request form](#) and mail the information to us at:

Basic Claims Administration –
Inquiry Unit – 00066
Blue Cross & Blue Shield
of Rhode Island
500 Exchange Street
Providence, RI 02903-2699

Contracting & Credentialing

PFB Credentialing Updates

The Council of Affordable Quality Healthcare (CAQH) has incorporated feedback from providers and health plan focus groups into the development of CAQH ProView™. A range of new features that will make it easier to update information, reducing the time and resources necessary to submit accurate, timely data to organizations.

Providers will be able to easily submit information through a more intuitive, profile-based design. CAQH ProView's time-saving features include:

- Complete and attest to multiple state credentialing applications in one intelligent workflow design.
- Upload supporting documents directly into CAQH ProView to eliminate the need for manual submission and to improve the timeliness of completed applications.
- Review and approve Practice Manager information before data is imported.
- More focused prompts and real-time validation to protect against delays in data processing.
- Self-register with the system before a health plan initiates the application process.

PF Policies Recently Reviewed for Annual Update

The following policies were recently reviewed for annual update. You can review the full text of these [policies](#).

- Acupuncture Mandate
- Auditory Brain Stem Implant
- Breast Ductal Lavage for Detection of Breast Cancer
- Cardiointegram
- Chromoendoscopy as an Adjunct to Colonoscopy
- Cone Beam Computed Tomography
- Functional Neuromuscular Electrical Stimulation
- Home Uterine Activity Monitoring
- Interspinous Distraction Devices
- Minimally Invasive Coronary Artery Bypass Graft Surgery
- Orally Administered Anticancer Medication Mandate

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.

PF Surgery for Athletic Pubalgia

Effective April 7, 2015, a new policy has been written to document that surgery for the diagnosis of athletic pubalgia, also known as sports hernia, is considered not medically necessary. The unlisted CPT codes used to report this service are 27299, 49659, and 49999. Surgery for athletic pubalgia is not medically necessary for BlueCHIP for Medicare members and Commercial products as there is insufficient medical literature to support the efficacy of this service. Please see the [full text of this policy](#).