



provider update

P=Professional

B=Behavioral Health

F=Facilities

February 2016



*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

PBF BCBSRI Introduces 2016 PCP Quality Incentive Program

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is pleased to launch its [2016 PCP Quality Incentive Program](#), which rewards primary care physicians for improving quality and closing gaps in care.

This year, BCBSRI is increasing the level of incentives available to PCPs to support improvements in quality as measured by nationally recognized programs/measures. The increased funding is consistent with BCBSRI's plans to support primary care, limit fee for service rate increases, and offer increased payments to PCPs through incentives to improve the quality of care.

"Improving performance on specific quality measures not only results in a healthier patient population, but it also results in more affordable healthcare, something BCBSRI is committed to," said Gus Manocchia, M.D., BCBSRI senior vice president and chief medical officer. "For each of the last three years, we have increased our clinical quality improvement funding to our primary care providers who we recognize are ideally positioned to influence patient behavior," he continued.

For the 2016 program, BCBSRI has selected key measures used by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) to evaluate health plans for performance incentive and accreditation programs. PCPs will be able to receive compensation for closing gaps in care throughout the year.

Highlights of the program include:

- **Adult Program Measures**
BlueCHIP for Medicare
 - > Three preventive measures
 - > Four disease management measures
 - > Two Blue Rewards measures
- **Pediatric Program Measures**
Commercial
 - > Seven preventive measures
- **Commercial**
 - > Four preventive measures
 - > Four disease management measures
 - > One Blue Rewards measure

Contents

BCBSRI Update	Pages 1-2
Quality	Pages 3-6
Behavioral Health	Page 7
Claims	Page 7
Contracting & Credentialing	Page 8
Policies	Page 9
Take Note	Page 10

BCBSRI Update

BCBSRI encourages PCPs to access the Population Health Registry, which we introduced in 2015. It will help providers identify members with potential gaps in care, leading to an increased payout in the incentive program. The registry allows providers to prospectively view gaps in care and submit information to show that gaps have been closed. For information on how to register and get access to the registry, please email PopulationHealthRegistry@bcbsri.org.

To access the program booklet for the 2016 PCP Quality Incentive program, click [here](#). If you have questions, please contact your BCBSRI Provider Relations Representative or send an email to ProviderQuality@bcbsri.org.

PBF UPDATE: New England Health Plans (NEHP) Claims Submission

Effective immediately, we cannot accept NEHP claims with the member suffix. Claims submitted to BCBSRI must only include the member's ID. Claims submitted with the member suffix will not be processed.

Although the member suffix is included on the front of the NEHP member ID cards, it is not part of the member ID and is not required. Submitting the member suffix in the member's ID is causing the claim to be rejected because of incorrectly submitted ID numbers. If you have submitted claims to BCBSRI that contained the NEHP member suffix, the quickest way to receive payment is to resubmit the claims without the member suffix.

P Information on BlueCHiP for Medicare Members with Dental Coverage

Retirees in Rhode Island who select BlueCHiP for Medicare as their Medicare plan are also able to choose dental coverage through a dental rider. Additionally, select employer groups offer dental benefits to their retirees.

These plans have various benefits included, which are specific to the plan in which the member is enrolled. BCBSRI participating dentists who provide services to these members, like our other dental plans, are reimbursed at the **Blue Cross Dental reimbursement rate**.

What is changing?

The Centers for Medicare and Medicaid Services (CMS) govern the administration of Medicare plans. CMS requires dentists to retain the records of Medicare members for 10 years (vs. seven as prescribed in the RI Dental Practice Act and your Blue Cross Dental Provider Agreement). **As part of the Part D (prescriber) requirement, CMS requires all healthcare**

providers, including dentists, to opt in or opt out of Medicare by June 1, 2016.

You can do this by visiting <https://pecos.cms.hhs.gov/pecos/login.do>. Opting out of Medicare for Part D purposes will also serve as an opt-out to participate in Medicare. Any provider who has opted out of Medicare is considered non-participating for Medicare patients. **BCBSRI's Medicare dental rider does not cover services rendered by non-participating providers.** Per CMS guidelines, once you have opted out of Medicare, you **cannot** be reinstated into Medicare for two years.

What does Medicare mean for me as a participating dentist with Blue Cross Dental?

More retirees will have easy and affordable access to dental coverage and will be seeking dental treatment from Blue Cross Dental participating dentists.

What else do I need to know?

As a participating dentist with Blue Cross Dental, opting out of Medicare will not affect your participation with Blue Cross Dental, though dental services provided to members with a Medicare dental rider will not be reimbursed.

If you choose not to participate in this initiative, in addition to notifying CMS as indicated above, you need to send written notification to:

Dental Provider Relations, 8-022-19
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903

If you are a participating dentist with Blue Cross Dental and you have any questions, please call:

Dr. Diane T. Monti-Markowski
Director, Blue Cross Dental
(401) 459-1757

Stephanie Santoro
Dental Program Administrator
(401) 459-5745

PBF REMINDER: Update Your Practice Information!

It is important that you update your practice information regularly by completing a [Practitioner Change Form](#). All providers voluntarily terminating their network participation are required to provide a 60-day advance notice, which is a contractual obligation. It is especially important to do this, as it can impact our members' ability to be transitioned to another PCP in a timely fashion or choose a PCP when enrolling for coverage. Please [click here](#) to access the form.

PB 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 (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 management analyst, at (401) 459-5413 or siana.wood@bcbsri.org.

February is American Heart Month: Focus on Controlling Blood Pressure (CBP)

For American Heart Month, we focus on hypertension. Nationally, one in three Americans have hypertension, but only half are well controlled. In 2013, according to BRFSS (the Centers for Disease Control’s Behavioral Risk Factor Surveillance System), 33.8 percent of Rhode Island adults had been told by a physician that they have hypertension. Frequently asymptomatic, hypertension can damage the heart, brain, kidneys, and vascular system and increases risk for stroke, heart attack, and vascular dementia. Controlling Blood Pressure (CBP) is both a HEDIS and CMS Stars measure. The following table summarizes the 2016 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	<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. - 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,” and “possible HTN” are not adequate confirmation of a hypertension diagnosis. - Have sphygmomanometers checked and calibrated annually. - Consider referral to a registered dietitian for patients who require nutritional guidance. - Consider refresher training to help standardize BP measurement techniques among your staff. See below for more informatio - Consider referral to a registered dietitian for patients who require nutritional guidance. - Consider refresher training to help standardize BP measurement techniques among your staff. See next page for more information.
	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	

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 percent 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), published and developed by the National High Blood Pressure Education Program (NHBPEP) in coordination with the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH).

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

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 and Medicaid Services co-lead the initiative on behalf of the U.S. Department of Health and Human Services. The initiative's 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. You can find an array of information and tools at millionhearts.hhs.gov.

Nephropathy screening and treatment - The intersection of CDC and CBP

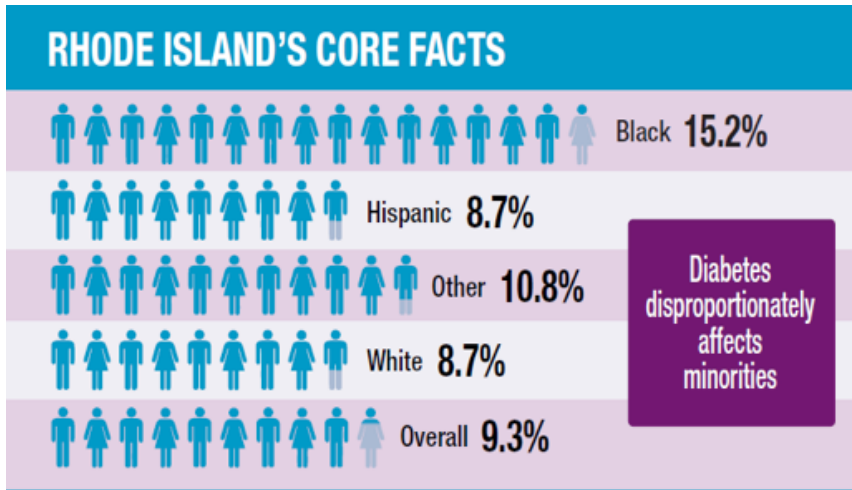
Comprehensive Diabetes Care (CDC) and Controlling Blood Pressure (CBP) are both HEDIS and CMS Stars measures. They also both include components of blood pressure control for diabetic members. As you know, diabetics are at higher risk of hypertension than their peers without diabetes. Coexisting diabetes and hypertension pose a significant risk for damage to the renal microvasculature, resulting in diabetic nephropathy. The CBP measure looks for blood pressure control in diabetics aged 60-85 to be $<140/90$ mm Hg. The CDC measure examines whether diabetics have been screened and treated for nephropathy and also whether diabetics have blood pressure controlled at $<140/90$ mm Hg. The CBP criteria are listed above. On the next page are the CDC criteria specific to the blood pressure and nephropathy sub-measures.

Comprehensive Diabetes Care Measure	Measure population: (Type 1 or 2 diabetes plus:)	Tips for Success
Medical attention for nephropathy	A nephropathy screening test OR evidence of nephropathy	<ul style="list-style-type: none"> - Dispensation of at least one ACE-I or ARB medication counts as evidence of nephropathy¹. - 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.
BP Control (<140/90 mm Hg)	The most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter	<ul style="list-style-type: none"> - Discuss the importance of BP control especially given the additional cardiovascular, cerebrovascular, and renal risks for people with diabetes. - Begin patients on ACE-I or ARB medication as indicated. Emphasize the associated renal-protective benefits. - Refer to nutrition for reduced sodium dietary guidance. - Encourage regular exercise. - Refer patients who smoke to smoking cessation programs.

1. For the purposes of satisfying this measure, once a member with diabetes is taking an ACE-I or an ARB medication, further microalbumin testing is not required. However, in hypertensive diabetic members without nephropathy who take an ACE-I or ARB, screening for nephropathy may still be warranted. Likewise, we recognize that microalbumin and other kidney function tests may be part of your protocol for titration of ACE-I or ARB in members with diabetic nephropathy.

PBF Healthcentric Advisors Diabetes Program for Medicare Members Available Now: FREE Diabetes Program for Medicare FFS and Medicare Advantage Members

BCBSRI is pleased to announce a program for Medicare Advantage members with diabetes (or pre-diabetes) from disparate groups, made possible by Healthcentric Advisors (the Quality Innovation Network-Quality Improvement Organization). Communities of color suffer from diabetes at much higher rates than their white counterparts, as shown in this infographic:



Eligibility Guidelines

This program is based on the evidence-based Stanford Model of Diabetes Self-Management Education. Healthcentric Advisors seeks Medicare Advantage members with diabetes or prediabetes who also meet one or more of the following criteria:

- Identify as:
 - > African-American
 - > Hispanic/Latino
 - > Asian/Pacific Islander
 - > Native American
- Live in a rural ZIP code

The program also welcomes Medicare Advantage members with diabetes and prediabetes who do not meet the above criteria. Please contact Brenda Jenkins (see contact info to the right) for more information.

This free program includes:

- Groups of 10-20 participants facilitated by trained leaders
- Six weekly meetings, each two-and-a-half hours long, in community settings such as churches, community centers, libraries, and hospitals
- Meetings in English and Spanish
- Information about stress management, coping skills, exercise, medication, and healthy eating
- Participation by patients, including creating weekly action plans, sharing experiences, and helping each other solve problems they encounter with their self-management program

For more information or to refer patients, please contact:

Brenda Jenkins
R.N., CDOE, D.Ay., CPEHR, PCMH CCE,
bjenkins@healthcentricadvisors.org
(401) 528-3246, or by secure fax at (401) 528-3237.

Behavioral Health

B FEP Residential Benefit

On January 1, 2016, FEP began providing coverage for residential mental health and substance use treatment. Prior authorization is required to access this level of care. Additionally, members must consent to participate in case management services prior to receiving their authorization. If you have a patient with FEP coverage who is interested in accessing residential treatment, please contact Beacon Health Options at 1-800-274-2958 to discuss case management services and participating in-network providers.

B Did You Know?

Did you know that there are Beacon Health Options case managers who can assist you and your patients with accessing the most appropriate behavioral health services available? Case Managers are independently licensed behavioral health professionals who work telephonically with members to:

- Assess and address barriers to care
- Facilitate access to resources and services
- Provide education and support to promote member self-management of behavioral health conditions
- Coordinate care across provider settings in collaboration with the health plan staff and primary care provider
- Facilitate medication reconciliation

In addition to managing complex members, Beacon Health Options case managers are also available to assist members in accessing behavioral health services. To reach a case manager, please contact Beacon Health Options at 1-800-274-2958.

B Patient Access Standards

Behavioral health access standards are outlined in BCBSRI's Provider Administrative Manual, which is available after logging in to the provider portal at bcbsri.com.

Please note that appointments for behavioral health must be available daily during regular office hours. Appointment times must be left open daily for emergencies and urgent care, unless the staff can add appointments without disrupting patient flow. In-office wait times should be 30 minutes or less, with the exception of same-day urgent visits, which may have a longer wait time. Wait times for routine care appointments for behavioral health must be made within 10 business days. After hours calls must be returned within one hour.

To read more about patient access standards, log into the provider portal at bcbsri.com.

Claims

PBF Update for all EDI Trading Partners

Beginning in the first quarter of 2016, BCBSRI will return Unsolicited 277CA (005010X0214) claim status responses 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.

When we've scheduled a date to begin returning unsolicited 277CA transactions we will let you know.

PB LCDP Fee Schedule Update

BCBSRI is committed to improving the health of our members, and all Rhode Islanders, by providing access to high-quality cost-effective healthcare. In recognition of this commitment, BCBSRI recently reviewed its fee schedule for licensed chemical dependency professional (LCDP) services.

As a result of our review and in an effort to better align BCBSRI's LCDP fee schedule with other behavioral health community providers, BCBSRI will update its Commercial LCDP fee schedule effective April 1, 2016.

As a reminder, BCBSRI requires that all filed LCDP services meet the following requirements:

- All claims must be filed on a HCFA-1500 form.
- Standard behavioral health CPT codes are used to report services (for example, 90834).
- All services must be billed using the appropriate CMS Place of Service code (for example, 57 for services provided in a Non-residential Substance Abuse Treatment Facility).

- The organizational NPI must be populated in box 24J.
- The Facility Tax ID Number must be populated in box 25.
- The organizational name must be populated in box 32.
- The organizational NPI must be populated in box 32a.
- The organizational NPI must be populated in box 33.
- The organizational NPI must be populated in box 33a.

Important Note: *DO NOT populate boxes 32 and 33 with the individual LCDP name or the individual LCDP NPI number since at this time BCBSRI does not credential or contract directly with LCDPs.*

If you have any questions about these changes, please call our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only).

PF Policies Recently Reviewed for Annual Update

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

- Biofeedback
- Dental Services for Accidental Injury
- Extended Ophthalmoscopy and Fundus Photography
- External Ocular Photography
- Gastric Electrical Stimulation - Insertion
- Low Level Laser Therapy for Musculoskeletal Conditions
- Measurement of Serum Antibodies to Infliximab and Adalimumab
- Non-Contact Non-Thermal Ultrasound Treatment for Wounds
- Occipital Nerve Stimulation - Insertion

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 Provider home page. Click on the Medical and Payment Policy icon to view the list of final and draft policies. Once on that page, click the drop-down box to sort policies by draft.

PF Multianalyte Assays for Genetic Testing

A new policy was created to document new CPT codes for 2016 and coverage of the brand name genetic tests they represent. Please see the [full text of this policy](#) at bcbsri.com.

PF Intensity-Modulated Radiotherapy

Effective February 15, 2016, prior authorization is required for BlueCHIP for Medicare and commercial products for the following medical policies:

- Intensity-Modulated Radiotherapy of the Breast and Lung
- Intensity-Modulated Radiotherapy of the Prostate
- Intensity-Modulated Radiotherapy: Cancer of the Head and Neck or Thyroid
- Intensity-Modulated Radiotherapy: Central Nervous System
- Intensity Modulated Radiotherapy: Abdomen and Pelvis.

Please request prior authorization through the online authorization tool for BlueCHIP for Medicare and commercial members. Please see the individual policies in the [policy section of bcbsri.com](#).

PF Hospital Readmissions

Effective February 1, 2016, the payment guidelines for readmissions to an acute general short-term hospital was changed from 10 calendar days to 14 calendar days from the date of discharge when the care is provided in the same hospital with the same, similar, or a related diagnosis. Please read the [full text of this policy](#).

PBF Members' Rights and Responsibilities Statement

Upon enrollment, our members are granted certain rights and protection of these rights in all their encounters with BCBSRI's representatives, including physicians and other network providers, providers' employees, BCBSRI employees, and anyone else who has a role in the delivery of care and service. We expect all of our representatives to observe the principles we've established to preserve these rights.

In exchange for this careful observance of their rights, members guarantee to assume responsibility for their attitude, knowledge, and behavior related to the healthcare services they receive while enrolled.

For a complete listing of members' rights and responsibilities, please [log in](#) to our secure provider website to see the Participating Provider Administrative Manual.

PF High-Tech Radiology After-Hours Access for Prior Authorization

MedSolutions, Inc. (MSI)/EverCore

BCBSRI providers have two options to obtain an after-hours, urgent prior authorization from MedSolutions for members requiring a high-tech imaging study when the MedSolutions call center is not open.

Authorization is required for the following services: CT, MR, PET, or nuclear cardiac imaging performed on an outpatient basis. For those urgent studies after-hours, MedSolutions will approve requests without clinical review. These approvals will be tracked to help ensure the policy is being utilized appropriately.

Options for After-Hours, Urgent Prior Authorization Requests:

Option 1 (preferred)

- Submit request on MedSolutions' web portal (www.medsolutionsonline.com)

- For cases that are not approved upon submission, providers may proceed with having the study performed and then contact MedSolutions the next business day.

- > Give the MSI agent the case #, explaining that the request was urgent and done after hours.
- > MSI will approve the request without clinical review and use the date the study was performed. The case will be identified as being an urgent, after-hours approval.

Option 2

- Proceed with having the study performed.
- Call MedSolutions on the next business day (1-888-693-3211).
 - > Give the MSI agent the case #, explaining that the request was urgent and done after hours.
 - > MSI will approve the request without clinical review and use the date the study was performed. The case will be identified as being an urgent, after-hours approval.

PB Pharmacy Benefits Manager After-Hours Access for Prior Authorization

OptumRx, formerly Catamaran

To obtain a prior authorization after hours, providers may contact OptumRx at the following numbers:

Medicare: 1-866-235-1793, ext. 16675
Commercial: 1-866-235-3062, ext. 16741
Monday through Friday, 7:00 a.m. to 11:00 p.m.; Saturday, 8:00 a.m. to 4:30 p.m.

Providers may use the following fax numbers to submit a prior authorization form:

Medicare: 1-866-391-2929
Commercial: 1-866-391-7222



www.bcbsri.com

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