Blue Cross Blue Shield of Rhode Island

provider update

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

July 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.

Contents

BCBSRI Update

P Web-Based Referral Management Tool Is Now Available

BCBSRI has introduced the new web-based referral management tool, **which is now live and can be accessed through the "Referral" link on our** secure provider site.

We are asking all primary care physicians (PCPs) and specialists to use this tool to launch a referral and check the status of referrals from PCPs to specialists for specific BCBSRI products, including:

- BlueCHiP Commercial
- BlueCHiP for Medicare Advance
- New England Health Plan (NEHP)

Please note that NEHP cross border referrals to providers not in the BCBSRI network 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. Please also note that referrals initiated after July 1 need to be entered into the tool no later than September 1, regardless of whether or not a paper referral was already done.

PCPs will be responsible for generating referrals to specialists for members enrolled in these products. Specialists will be 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 deny. Additionally, specialist-to-specialist referrals are not allowed. If a patient is referred by a specialist to another specialist, the PCP must initiate a new referral.

If you were unable to attend one of our seminars in June to learn how to use the referral tool, please enroll in one of our educational webinars. Webinars are available now and will continue through September 1, 2016. The schedule is as follows:

- Tuesdays, 7:30 to 8:30 a.m.
- Wednesdays, noon to 1:00 p.m.
- Thursdays, 4:00 to 5:00 p.m.

To enroll in a webinar, please email BCBSRIWebinar@bcbsri.org. If you have any questions about this process please contact your provider relations representative or send an email to ProviderRelations@bcbsri.org.

BCBSRI Update

PBF REMINDER: Update Your Practice Information!

It's important that you update your practice information regularly by completing a Practitioner Change Form. This ensures that your patients and our members have access to accurate data as well as fulfills the CMS requirement—and the contractual obligation—that providers give BCBSRI a 60-day notification of any provider or practice changes.

Please submit all practice demographic changes as soon as possible to avoid any delays in claims payment.

The Practitioner Change Form should be submitted when there is a change to any of the following:

- Street address and/or suite number
- Phone number
- TIN
- Office hours
- Panel changes (open/close)
- Adding or removing a location
- Other changes that affect your accessibility and availability to patients

If you have any questions regarding these requirements, please email ProviderRelations@bcbsri.org.

P BCBSRI 2016 PCP Quality Incentive Program

Earlier this year, BCBSRI launched our 2016 PCP Quality Incentive Program, which rewards PCPs for improving quality and closing gaps in care. This year, BCBSRI has increased 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.

BCBSRI 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

Commercial

- Four preventive measures
- Four disease management measures
- One Blue Rewards measure

Pediatric Program Measures

Commercial

- Seven preventive measures

BCBSRI encourages PCPs to access and use Blue Insights, our population health registry, which we introduced in 2015. Blue Insights helps 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.

Enroll in a webinar to learn how to use Blue Insights

Please email PopulationHealthRegistry@bcbsri.org to enroll in a webinar for a live demonstration of how to use Blue Insights in your practice. Webinars will be held every Thursday from noon to 1:00 p.m. beginning August 4, 2016. Click here to access the program booklet for the 2016 PCP Quality Incentive program.

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 Siana Wood, RN, senior quality management analyst, at (401) 459-5413 or siana.wood@bcbsri.org.

Behavioral Health Measures: ADD, AMM, and FUH

BCBSRI continues to expand our behavioral health provider and community collaboration. You can expect:

- More initiatives designed to support members with behavioral health diagnoses
- Improved transitions of care
- The continuation of our HealthPath program, and more

Three HEDIS measures (ADD, AMM, and FUH), emphasize the importance of careful medication management in adults and children with specific behavioral health diagnoses and the importance of follow-up care after hospitalization. Each measure's specifications are detailed below.

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

The HEDIS measure "Follow-Up Care for Children Prescribed ADHD Medication (ADD)" is the percentage of children newly prescribed attention deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The measure looks at two rates—the initiation phase and the continuation/maintenance phase. Details about each phase as well as tips for success are listed below. **Please note that practices participating in our population health registry, Blue Insights, can monitor their panel's rates for this measure in the registry.**

Measure	Population	Tips for Success
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	*Initiation Phase:* The percentage of children ages 6-12 years as of the index prescription date with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority in the first 30 days of the Rx dispensation. *Continuation & Maintenance Phase:* The percentage of children ages 6-12 years as of the index prescription date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.	• When prescribing a new ADHD medication, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office. • Schedule two more visits in the nine months after the first 30 days to continue to monitor your patient's progress. • **Telephone codes** can be used to help satisfy the requirements for the Continuation & Maintenance phase part of the measure. The following codes are covered, but not separately reimbursed, by BCBSRI: 98966, 98967, 98968, 99441, 99442, and 99443. You may use these codes to satisfy the numerator for the continuation measure if you do not see your patient face-to-face, but rather complete a follow-up call. • Keep in mind that controlled substances should not be reordered without at least two visits per year to evaluate a child's progress and growth.

Quality

Antidepressant Medication Management (AMM)

The HEDIS measure "Antidepressant Medication Management (AMM)" is the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. The measure examines performance in two rates: the effective acute phase and the effective continuation phase. Details about each phase as well as tips for success are listed below. **Please note that practices participating in Blue Insights, our population health registry, can monitor their panel's rates for this measure in the registry.**

Measure	Population	Tips for Success
Antidepressant Medication Management (AMM)	*Effective Acute Phase Treatment:* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). *Effective Continuation Phase Treatment:* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).	• A follow-up office visit to assess symptoms should be conducted at a maximum of six weeks. • Visits should be sufficiently frequent to optimize adherence. Roughly half of all patients treated for depression stop taking their medication within the first month. • Patients should be reminded that symptom alleviation may take two to four weeks and that it can sometimes take up to eight weeks for the medication to fully work. • Patients should also be reminded to continue to take medications for at least six months even if symptoms improve.

Follow-Up After Hospitalization for Mental Illness (FUH)

The HEDIS measure "Follow-Up After Hospitalization for Mental Illness (FUH)" is the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. The measure looks at two rates:

1. The percentage of discharges for which the member received follow-up within seven days of discharge
2. The percentage of discharges for which the member received follow-up within 30 days of discharge

Measure	Population	Tips for Success
Follow-Up After Hospitalization for Mental Illness (FUH)	*Seven-day follow up:* An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within seven days after discharge. This includes outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge. *30-day follow-up:* An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 30 days after discharge. This includes outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge.	• Collaboration between the inpatient facility and outpatient provider is critical. If a provider is aware of an inpatient admission, efforts should be made to work with hospital discharge planners to set up appointments prior to patient leaving the hospital.

Quality

Documenting BMI for Adults and Children

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. **We have a limited quantity of extra BMI wheels available on a first-come, first-served basis.** If you would like to request BMI wheels, please contact Christine Zanfini Parker, senior quality management analyst, at (401) 459-2644 or christine.parker@bcbsri.org.

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

New-onset, Non-acute Low Back Pain

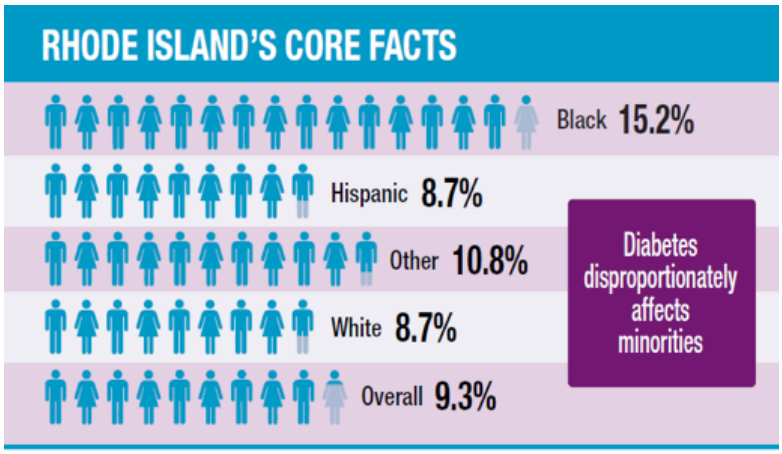
With summer finally here, low back pain diagnoses may appear more often as patients engage in physical activity after a period of not regularly doing so. Clinical evidence indicates that in the absence of red flags such as trauma, cancer, neurological impairment, and IV drug use, diagnostic imaging (plain X-ray, MRI, CT scan) is not necessary for most cases of new-onset back pain. BCBSRI uses the *Clinical Guidelines for the Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guidelines from the American College of Physicians and the American Pain Society*. Please see the full guideline for additional guidance on diagnosis and treatment. We track performance in this area using the HEDIS measure "Use of Imaging Studies in Low Back Pain (LBP)." This measure examines the percentage of members 18 to 50 years old with a primary diagnosis of new-onset low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis[1]. The table below summarizes the HEDIS measure, population, and tips for improving performance.

Measure	Population	Tips for Success
Use of Imaging Studies for Low Back Pain (LBP)	Members 18-50 years old with a principal diagnosis of low back pain at either an outpatient or an emergency room visit. The rate represents members from the denominator who did not have an imaging study to treat their diagnosis of low back pain. A higher rate indicates better performance. *Exclusions:* Cancer, trauma, neurologic impairment, or IV drug abuse	• Avoid ordering diagnostic studies in the first six weeks of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse). • Encourage conservative treatment—pain management, activity modification, physical therapy—for new-onset low back pain without red flags. Remind patients that uncomplicated low back pain is typically a benign, self-limited condition, and that the majority of patients resume their usual activities in 30 days. • Use correct exclusion codes where necessary (e.g., code for cancer or other secondary diagnoses if these are why you are ordering the studies).

[1]Citations located at http://www.qualitymeasures.ahrq.gov/content.aspx?id=49748

PF 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

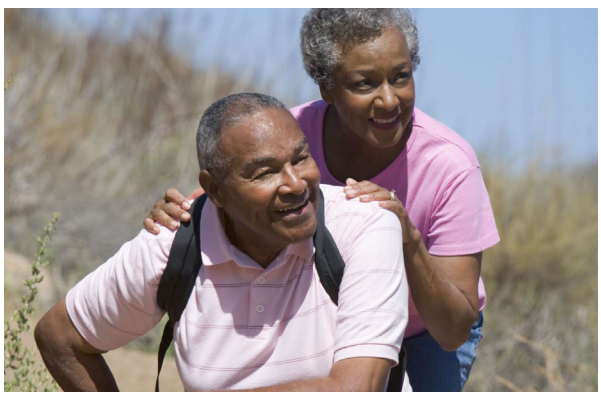
This program is based on the evidence-based Stanford Model of Diabetes Self-Management Education. **Healthcentric Advisors seeks Medicare Advantage members with diabetes or pre-diabetes who also meet one or more of the following criteria:**

- 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 pre-diabetes who do not meet the above criteria. Healthcentric Advisors has seen high attendance rates from members whose physicians have recommended they attend.

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



Some classes offer incentives for completion, and some classes offer meals. For more information or to refer patients, please contact Brenda Jenkins, RN, CDOE, D.Ay., CPEHR, PCMH CCE. You can reach her by:

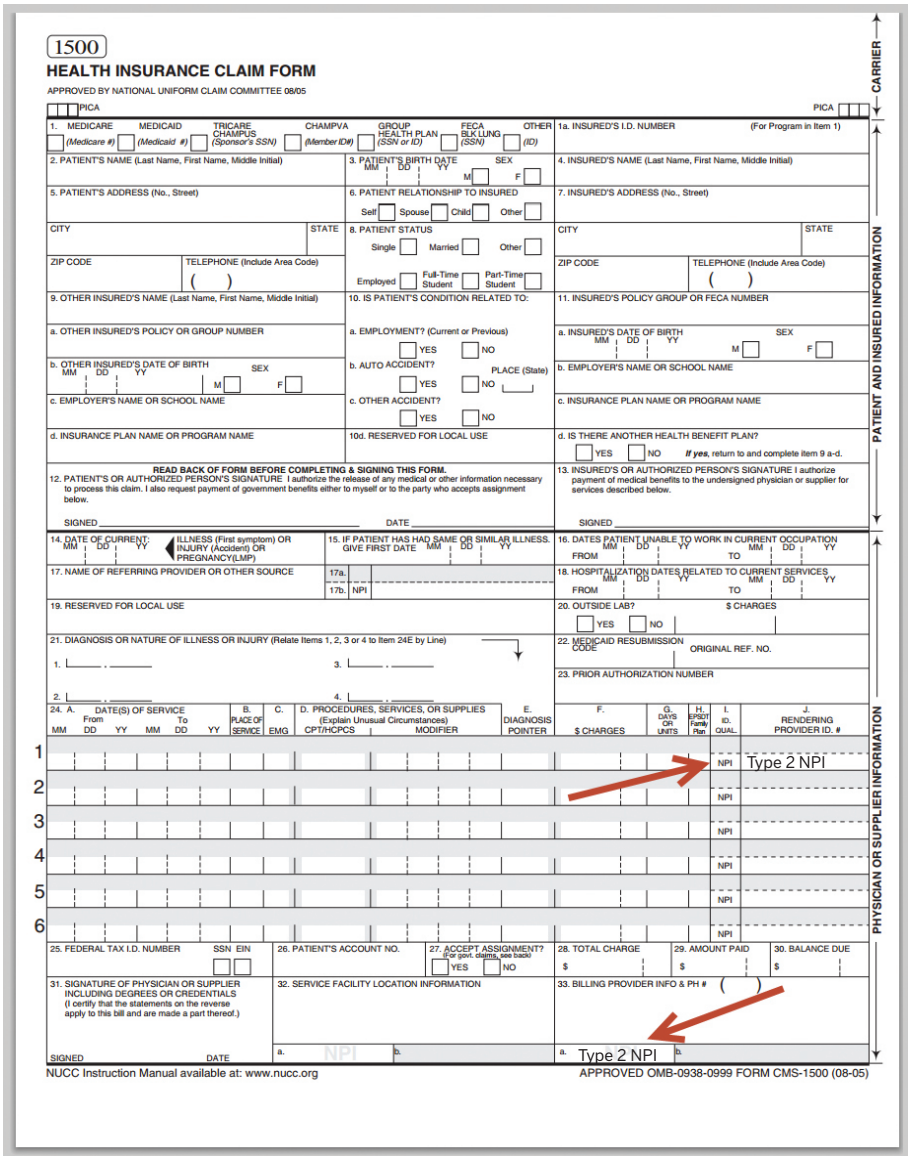
- Emailing bjenkins@healthcentricadvisors.org
- Calling (401) 528-3246
- Securely faxing (401) 528-3237

PB BCBSRI Launches Pilot Program, Mindful Teen, with Bradley Hospital

On July 1, 2016, BCBSRI began a pilot program with Bradley Hospital to allow our members access to the Mindful Teen program. This program is designed to provide intensive evidence-based services for adolescents with behavioral health conditions. Mindful Teen is an 18-week program that uses a dialectical behavior therapy (DBT) approach to help teens manage their emotional experience to live healthier and more satisfying lives. Teens will have the opportunity to learn and practice new skills in the areas of mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. Parents also participate in weekly sessions, both with the teens and in separate parent groups, to learn DBT skills and support their teen's learning.

Billing Instructions for Urgent Care Centers

If you are a contracted urgent care center, you must file claims as a group and not at the individual practitioner level. This means filing with the Type 2 NPI in both 24J and 33a, as shown below.



PBF Quest Diagnostics No Longer in BCBSRI Laboratory Network Effective July 1, 2016

If you refer your patients to Quest Diagnostics or if you have BCBSRI patients who use Quest Diagnostics labs, we ask that you transition them to a participating laboratory as soon as possible. This facilitates a smooth transition for your patients and helps them avoid any out-of-pocket expenses they would incur if using Quest Diagnostics, which is now non-participating.

Please note that BCBSRI participating providers are required to refer members to BCBSRI participating providers, including ancillary providers, such as laboratories and durable medical equipment providers.

As of April 1, 2016, BCBSRI added the following laboratories and all of their locations to our BlueCHiP for Medicare network:

- CharterCARE Laboratory Services – Roger Williams Medical Center and Our Lady of Fatima Hospital
- CNE Laboratories
- South County Health Laboratories

We are pleased that we are able to add these system of care laboratories to our laboratory network to provide additional access for our BlueCHiP for Medicare members.

These laboratories join our existing laboratory service providers, including:

- East Side Clinical Lab
- Lifespan Laboratories
- Coastal Medical Laboratory
- Many specialty laboratories – Full listing of participating laboratories available at bcbsri.com through the Find a Doctor tool

A complete list of all BCBSRI participating laboratories is available on our Find a Doctor tool.

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).

PBF FDR Medicare Requirements

BCBSRI wants to remind you of requirements from the Centers for Medicare & Medicaid Services (CMS) for administrative and healthcare services between a Medicare Advantage Organization (MAO) and/or Part D Plan Sponsor, such as BCBSRI and First Tier, Downstream and Related Entities (FDR).

Hold Harmless for MAs with Enrollees Eligible for Both Medicare and Medicaid

For all enrollees eligible for both Medicare and Medicaid, enrollees will not be held liable for Medicare Part A and B cost sharing when the State is responsible for paying such amounts. Providers will be informed of Medicare and Medicaid benefits and rules for enrollees eligible for Medicare and Medicaid. Providers may not impose cost sharing that exceeds the amount of cost sharing that would be permitted with respect to the individual under Title XIX if the individual were not enrolled in such a plan. Providers will: (1) accept the MA plan payment as payment in full, or (2) bill the appropriate State source.

Training Requirements

Provider agrees to: (1) Ensure that all personnel (including contractors) directly involved in or responsible for the delivery of services related to their Agreement with BCBSRI complete the general compliance and fraud waste and abuse training modules developed by CMS (the "CMS Module") available on the CMS Medicare Learning Network (MLN), or complete existing Provider training which incorporates the CMS standardized training modules from the CMS website, without modification. This training must be provided initially, within ninety (90) days of hire, within ninety (90) days of execution of this agreement, if training has not previously occurred, and annually thereafter, as a condition of employment.
(2) Provide an attestation of completion of this requirement, upon request, and be able to provide certificates of completion for all individuals taking the CMS Module, or other training, as described above, upon request by BCBSRI or CMS. The training can be accessed here.

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.

- Aqueous Shunts and Stents for Glaucoma
- Continuous Glucose Monitoring
- Diabetes Self-Management Education Mandate
- Injectable Fillers
- Intensity-Modulated Radiotherapy of the Prostate
- Prolonged Physician Services
- Radium-223, Xofigo; For Treatment of Metastatic, Castration-resistant Prostate Cancer
- Skilled Nursing Facilities: Admission and Concurrent Review
- Therapeutic Shoes for Diabetics Mandate
- Unlisted Procedures
- Venipuncture for State Mandated Lead Screening
- Viscocanalostomy and Canaloplasty

New Policy

- Long-Term Acute Care Hospital (LTACH) Admission and Transition of Care Criteria

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 section. Once on that page, click the drop-down box to sort policies by draft.

PF Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation

Effective July 1, 2016, a new policy has been created for Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation. The coverage determination for BlueCHiP for Medicare and Commercial products for CPT 0281T has changed from not medically necessary to covered and requires prior authorization via the online tool. Any claims for procedures performed after October 1, 2015 will be reprocessed to pay. Please see the full text of this policy.

PF Breast Pump

As part of the annual review for the Breast Pump Policy, additional criteria for coverage has been added. The hospital grade electric breast pump is now covered if a breastfeeding infant has a medical (e.g., respiratory, cardiac, or genetic condition) or congenital condition (e.g., cleft palate) that interferes with breastfeeding. This service continues to require prior authorization via the online tool. Please see the full text of this policy.

PBF Clinical Practice Guidelines Updates

The 2016 Clinical Practice Guideline for Diabetes and the 2016 Clinical Practice Guideline for Childhood Immunizations were reviewed and approved by the Professional Advisory & Credentials Committee on May 18, 2016. The next review will take place in May 2018.

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