



Published Monthly for Physicians, Health Care Providers, and Their Office Staff

## The Patient-Physician-BCBSMA Connection – Improving the Patient Experience

At Blue Cross Blue Shield of Massachusetts (BCBSMA), our highest priority is to make quality health care affordable for our members, and an important component of high-quality health care is a positive patient experience.

To help us measure how we're doing in this area, we look to the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which asks members to evaluate their experiences with health care. The survey is used by all HMO/POS plans that undergo accreditation review by the National Committee for Quality Assurance (NCQA), and is important in guiding our quality improvement activities.

Between February and May, a random sample of BCBSMA HMO/POS members—your patients—will receive the CAHPS survey. It will not only ask about

their experience with BCBSMA, but it will also ask about the member's experience with physicians in areas such as communication, access to care, and satisfaction with care received.

### How We're Working With Physicians to Improve the Experience for BCBSMA Members

Through our Primary Care Provider Incentive Program, Hospital Performance Incentive Program, and the Alternative Quality Contract (AQC), we have collaborated with you to change and improve the quality of care being delivered to patients and reduce health care costs in Massachusetts.

Currently, with the majority of PCPs and specialists in our network now in an AQC arrangement, this is one of the primary ways BCBSMA is collaborating with physicians across Massachusetts.



Because of the innovations in reimbursement, AQC physicians can adapt their practice to better meet the needs of their BCBSMA patients. Payments are not tied to fee-for-service, so they can spend more time focusing on quality care.

We are pleased to report that not only is the AQC slowing growth in health care costs and improving the quality of patient care, but it has also

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### In Brief

#### Read *Provider Focus* and Other BCBSMA Updates Online

Register for eNews alerts to receive an e-mail when the latest issue of *Provider Focus* is available on BlueLinks for Providers. You can also choose to receive an e-mail when new *FYIs* and training opportunities are available. To subscribe:

- ▶ Log on to [bluecrossma.com/provider](http://bluecrossma.com/provider).
- ▶ Click on Edit My eNews Subscriptions (listed under Manage My Profile on the left-hand side of your screen).

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#### Not Registered for BlueLinks?

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# Physician News

## Five AQC Organizations Are Pioneers in New Medicare Initiative

Five Massachusetts hospital systems and physician groups are participating in the Pioneer Accountable Care Organizations (ACOs) program, a new national initiative that encourages providers to deliver better, more coordinated care for Medicare patients.

Partners HealthCare, Steward Health Care System, Atrius Health, Beth Israel Deaconess Physician Organization, and Mount Auburn Cambridge Independent Practice Association—all participants in BCBSMA's Alternative Quality Contract (AQC)—were chosen because they have their experience working together to coordinate care for patients.

The Pioneer program, which launched January 1, 2012, is operated by the Centers for Medicare & Medicaid Services (CMS) Innovation Center and could save up to \$1.1 billion over five years.

Being part of BCBSMA's innovative AQC model should help ease these groups' transition to the Pioneer program for their Medicare patients because the models are similar. Both give providers a budget for managing patients, and both reward providers based on how well they improve the health of their patients and lower health care costs.

The U.S. Department of Health and Human Services selected a total of 32 hospital systems and physician groups from 18 states. This initiative has the potential to improve care for about 860,000 Medicare beneficiaries nationwide.

To learn more, go to [innovations.cms.gov](http://innovations.cms.gov) and click on the ACOs link. ❖

## Reminder About Enhanced Dental Benefits for Certain BCBSMA Members

With the growing evidence linking good oral hygiene to overall health, BCBSMA is committed to improving the total health and well-being of our members. That's why we offer additional benefits to members who have both medical and dental insurance with us.

For example, if your patient is a Dental Blue member and has been diagnosed with coronary artery disease, diabetes, or oral cancer, or the Dental Blue member is pregnant, BCBSMA will automatically enroll them in our Enhanced Dental Benefits program—if medical claims data indicates that they have one of these conditions.

### How You Can Help

If a dental member has one of these conditions but has not been notified of their Enhanced Dental Benefits, you can help by confirming the member's medical condition using our *Enhanced Dental Benefits Enrollment Form*.

To access the form, log on to our website at [bluecrossma.com/provider](http://bluecrossma.com/provider) and click on Resource Center>Forms. You can find the form under the Administrative Forms subheading. ❖

The image shows a screenshot of a web-based form titled "Enhanced Dental Benefit Enrollment Form" from Dental Blue. The form includes fields for patient information (Subscriber Name, Member Name, Date of Birth, Member Address, City, State, Zip Code, Member Telephone #), physician information (Physician Signature, Date, Physician Name, MD/DO, License #, State, Physician Address, Physician Telephone #), and a section for the provider to complete and return the form to. The form also includes a "Print Form" and "Reset Form Fields" button at the top. The Dental Blue logo is visible in the top left corner, and the Massachusetts state seal is in the bottom right corner.

# Training Update

## ICD-9 Coding/Documentation, the 2012 PCP Incentive Program, and More

Check out the following training opportunities on BlueLinks for Providers.

### *ICD-9-CM Coding and Documentation Training*

In December, BCBSMA partnered with Altegra Health™ to provide ICD-9 coding training. The educational program provided an opportunity for both physicians and coders to learn how to improve the accuracy of medical documentation and ICD-9-CM diagnostic coding, with a focus on chronic conditions, especially for Medicare patients. For those who were not able to attend one of the sessions, we are providing an audiovisual recording of the webinar for a limited time.

This training is one of our many initiatives to assist you in providing quality care to our members. We also encourage you to view our online presentation, *Enhancing Quality for Medicare Advantage Patients*, which provides information about the 5-Star quality rating program mandated by the Centers for Medicare & Medicaid. The presentation is also available under our Course List.

### *2012 PCP Incentive Program Overview*

This audiovisual presentation provides an overview of our 2012 PCP Incentive Program, including participation requirements and measures, reporting and incentive payout schedules, and important program resources.

*Provider Office Staff Training – Fall-Winter 2011 Updates*  
Highlights include: our focus on health care quality and affordability, enhancing efficiency through the increased use of technology, product and network tiering updates, how we're engaging members and their providers as active participants in both seeking and providing health care, and much more.

### *Online Services Claim Entry (Upcoming Webinars)*

Learn how you can submit professional claims to BCBSMA via direct data entry using Online Services. Please register at least one week prior to the session.

- ▶ Wednesday, February 22 (10 – 11 a.m.)
- ▶ Wednesday, March 21 (2 – 3 p.m.) ❖

#### **Interested?**

To access any of these presentations or to register for a webinar, log on to our website at [bluecrossma.com/provider](http://bluecrossma.com/provider) and click on Resource Center>Training & Registration>Course List. Under the menu for your provider type, select the appropriate course title. ❖

## The Patient-Physician-BCBSMA Connection—Improving the Patient Experience

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spurred another benefit—an improved patient experience. Based on results of the statewide Massachusetts Health Quality Partners (MHQP) Patient Experience Survey, patient experience results improved between 2009 and 2011.

“The CAHPSs and MHQP surveys are a reminder of how health plans and physicians both play an important role in the quality of health care,” says Tony Dodek, M.D., BCBSMA's Medical Director of Quality and Consultative Support. “By combining our efforts, we can both achieve the same goal: keeping BCBSMA members happy and healthy. And it is nice to know that your patients—our members—are noticing the difference.” ❖

### *2011 MHQP Patient Experience Survey Results*

Topic:	2009:	2011:
Communication	93.1	94.0*
Integration	84.2	86.9*
Knowledge of Patient	86.5	88.4*

*\*Indicates a significant difference from prior year's mean score*

# Office Staff Notes

## Changes to Medical Security Program Health Insurance Administrators

Effective on January 1, 2012, BCBSMA no longer administers benefits for the Medical Security Program (MSP). Health insurance coverage for MSP Direct Coverage plan enrollees is now administered by Network Health.

As a result of this change in administration, eligible MSP Direct Coverage enrollees were expected to receive new ID cards in January to replace their existing BCBSMA ID cards. Additionally, inquiries to BCBSMA will be transferred to Network Health.

The change will not affect eligibility, provided that the enrollee still meets eligibility requirements.

### Health Plan Coverage

Effective on or after January 1, 2012, BCBSMA no longer provides benefits for services and supplies for MSP Direct Coverage plan enrollees with one exception: If an enrollee was admitted as an inpatient to any hospital before January 1, 2012 and payment to the hospital is based on a Diagnosis Related Grouper (DRG), the hospital's DRG payment that has been approved by BCBSMA will be paid to the hospital, even when coverage

in this health plan ends during the admission. BCBSMA will not provide benefits other services and/or supplies that are furnished during that same inpatient admission. If you have any questions, please contact Network Health.

Any outpatient claims for MSP enrollees submitted to BCBSMA on or after January 1, 2012 will be denied.

### Questions?

If your MSP patients have questions, please refer them to the resources listed below. ❖

For questions regarding:	Contact:	Phone:	Website:
Eligibility and premiums	MSP	1-800-908-8801	<a href="http://mass.gov/dua/msp">mass.gov/dua/msp</a>
Benefits and provider network	Network Health	1-888-257-1985	<a href="http://network-health.org/msp">network-health.org/msp</a>

## Annual HEDIS Medical Record Review Begins This Month

BCBSMA conducts an annual medical record review to meet our NCQA Healthcare Effectiveness Data and Information Set (HEDIS) data collection requirements. Starting this month, Health Data Vision, Inc. (HDVI) will begin the process of collecting medical record data from physicians on behalf of BCBSMA.

HDVI will retrieve information for a sample of our HMO/POS and PPO members. Medical record information requested and collected by HDVI will be securely handled in accordance to HIPAA regulations.

After receiving your patients' medical record data, HDVI will examine the documentation promptly and provide timely feedback when additional information or clarification is needed.

As a reminder, PCPs who are contracted with BCBSMA are required to participate in quality improvement initiatives. Your cooperation with us on data collection and improvement activities, such as HEDIS, helps us shape future initiatives that will support the delivery of high-quality health care.

If you have any questions about this process, please contact Network Management Services at 1-800-316-BLUE (2583).

### About Health Data Vision, Inc.

HDVI is an industry leader in medical record collection for HEDIS and will strive to collect the required clinical information with the least amount of disruption to your office operations.

To learn more about HDVI, go to [healthdatavision.com](http://healthdatavision.com). ❖

# Office Staff Notes

## Submitting the Right Documentation for Individual Consideration Appeals

If you submit an appeal for individual consideration (IC), be sure to include all of the required documentation to support your appeal.

The charts below provide several examples to help give you an idea of the documentation required for

us to conduct a complete medical review of your appeal. By following these guidelines, you can help to expedite the process.

For more information on appeals, please refer to Section 4: Reviews and Appeals of your *Blue Book*

manual. Log on to our website at [bluecrossma.com/provider](http://bluecrossma.com/provider) and click on Resource Center> Admin Guidelines & Info> Blue Books.

Or, if you have questions, please call 1-800-882-2060. ❖

For an appeal involving:	Follow these guidelines:
A "Not Otherwise Classified" (NOC) code	Include all reports that document the service rendered along with a detailed description of services performed (e.g., operative report). Please include an invoice, if applicable. The entire medical record is not required when appealing a NOC code.
Denials based on medical technology assessment criteria or our medical policy guidelines	Submit relevant clinical information according to medical policy coverage criteria.
Modifier 22	Submit documentation supporting the significantly increased complexity of the surgical procedure. Additional reimbursement will only be considered if the additional work is documented in the operative report submitted to support the use of Modifier 22.
Multiple lesion removal	Submit legible office notes documenting the number of lesions and their location and size, and the pathology report, if available.
Blepharoplasty/brow ptosis	Submit documentation of the functional impairment, visual field reports (taped and untaped), and pre-operative photos, if available.
Consultation and report on referred slides prepared elsewhere	Submit a pathology consultation report documenting the date of the surgical or cytopathology case from which the specimens were obtained.
Scar revision	Submit documentation of pain or interference with normal bodily function.

For a service within one of these CPT code ranges:	This documentation is required when you submit an individual consideration appeal:
00100-01999	Anesthesia record
10021-69990	Operative note; procedure note
70010-77084	Radiology report
77261-77799	Medical note; treatment record
78000-79999	Radiology report
80047-89398	Laboratory report; pathology report
90281-99499; J drug codes	Medical note; procedure note; radiology report; invoice ( <i>whichever applies</i> )

### Where to Send Individual Consideration Appeals

Blue Cross Blue Shield of MA  
 Provider Appeals  
 P.O. Box 986065  
 Boston, MA 02298

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# Ancillary News

## Reminder to Chiropractors: Certain PPO Members Require Authorization

As we previously communicated to you, as part of our ongoing efforts to facilitate access to medically necessary care and to make health care more affordable for our members, we made updates to our chiropractic services authorization program, effective January 1, 2012.

We have specifically chosen to expand the chiropractic services authorization program to a small subset of our PPO\* members, which represents less than 5% of our overall BCBSMA membership.

The process for authorization for these PPO members is the same process you follow today for affected HMO/POS members who require authorization from our vendor, Healthways WholeHealth Networks, Inc. (HWHN), for chiropractic visits 13+.

This change affects BCBSMA PPO\*\* members who reside inside or outside of Massachusetts and who receive services inside or outside of Massachusetts. ❖



*\*Medicare PPO BlueSM and members of our Federal Employee Program (FEP) are not included.*

*\*\*Currently, authorization is not required for PPO members residing in Rhode Island.*

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# ICD-10 News

## ICD-10 Readiness Survey Findings, Resources Available to Help Prepare

The results of a statewide ICD-10 readiness survey, recently conducted by nine Massachusetts health plans and the MassHealth Data Consortium, are now available.

The survey, distributed this fall to the Massachusetts provider community, provided a baseline for statewide compliance efforts underway, and the results can assist your office for ICD-10 readiness.

Of the 775 survey respondents, 93% said they were somewhat or very likely to be prepared to submit ICD-10 compliant transactions by October 1, 2013. Only 37%, however, have started the ICD-10 planning process. Therefore, we encourage your office to start preparing now.

To view the survey responses, log on to [bluecrossma.com/provider](http://bluecrossma.com/provider) and click on the ICD-10 Resource Center link on the home page.

### Resources Available Online

The Centers for Medicare & Medicaid Services offers many ICD-10 preparation resources from its provider resource page, containing educational materials, training documents, and mandate timelines.

To access these tools, visit [cms.gov/icd10](http://cms.gov/icd10) and select the Provider Resources link on the left-hand side of the page. ❖

# Medical Policy Update

All updated medical policies will be available online. Go to [bluecrossma.com/provider>Medical Policies](http://bluecrossma.com/provider>Medical Policies).

## Changes

[Autologous Chondrocyte Implantation and Other Cell-Based Treatments of Focal Articular Cartilage Lesions, 374](#). Revised to provide additional specificity to clinical criteria for covered indications for autologous chondrocyte implantation as a treatment for focal articular cartilage lesions. Effective 5/1/12.

[Autologous Fat Grafting to the Breast and Adipose-derived Stem Cells, 351](#). New medical policy describing non-coverage for autologous fat grafting to the breast and adipose-derived stem cells. Effective 5/1/12.

[Balloon Sinuplasty for Treatment of Chronic Sinusitis, 582](#). Corrected to include CPT codes specific to this procedure. Providers are reminded that balloon sinuplasty is investigational (non-covered) as a stand-alone procedure and is not reimbursed separately when used as a tool during sinuplasty surgery. Effective 4/1/12.

[Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis, 352](#). New medical policy describing non-coverage for the diagnosis and treatment of chronic cerebrospinal venous insufficiency in multiple sclerosis. Effective 5/1/12.

[Gene Expression Testing to Predict Coronary Artery Disease, 349](#). New medical policy describing non-coverage for gene expression testing to predict coronary artery disease. Effective 5/1/12.

[Interventions for Progressive Scoliosis, 550](#). New policy describing ongoing non-covered indications; also adding covered indications. Effective 5/1/12.

[Lung Volume Reduction Surgery for Severe Emphysema, 364](#). Revised to provide additional covered criteria for lung volume reduction surgery as a treatment for severe emphysema. Effective 5/1/12.

[Minimally Invasive Coronary Artery Bypass Graft Surgery, 553](#). New policy describing ongoing non-covered indications; also adding covered indications. Effective 5/1/12.

[Osteochondral Allograft Transplantation, 111](#). Revised to update the covered and non-covered criteria for osteochondral autografts and allografts. Effective 5/1/12.

[PET Scanning in Oncology to Detect Early Response During Treatment, 335](#). New medical policy including non-coverage of PET scanning in oncology to detect early response during treatment. Effective 5/1/12.

[Plastic Surgery, 068](#). Revised to include covered orthodontic procedures in the treatment of cleft palate. Effective 5/1/12.

[Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies, 552](#). New policy describing ongoing non-covered indications; also adding covered indications. Effective 5/1/12.

[Retinal Telescreening for Diabetic Retinopathy, 065](#). Revised to provide additional covered and non-covered criteria for retinal telescreening for diabetic retinopathy. Effective 5/1/12.

[Small Bowel/Liver and Multi-visceral Transplant, 368](#). Revised to provide additional not medically necessary criteria for small bowel/liver transplant or multivisceral transplant in patients with absolute contraindications. Effective 5/1/12.

[Stem-cell Therapy for Peripheral Arterial Disease, 348](#). New medical policy including non-coverage of stem-cell therapy for peripheral arterial disease. Effective 5/1/12.

## Clarifications

[Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses, 336](#). New policy clarifying ongoing coverage.

[Infertility Diagnosis and Treatment, 086](#). Clarifying ongoing non-coverage of cryopreservation; reproductive tissue, ovarian, and cryopreservation; and reproductive tissue and oocytes. ❖



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[www.bluecrossma.com/plan-education](http://www.bluecrossma.com/plan-education)

# At Your Service

- ▶ **BlueLinks for Providers**  
[www.bluecrossma.com/provider](http://www.bluecrossma.com/provider)  
 Our website has the resources to help you care for our members, and offers you the ability to check claim status, and eligibility and benefit information. Available 24 hours a day, 7 days a week.
- ▶ **Claims-related issues:**  
 Provider Services: **1-800-882-2060**  
 M-T-W-F: 8:30 a.m. - 4:30 p.m.  
 Th: 9:30 a.m. - 4:30 p.m.  
 Ancillary Provider Services: **1-800-451-8124**  
 M-T-W-F: 8:30 a.m. - 4:30 p.m.  
 Th: 9:30 a.m. - 4:30 p.m.
- ▶ **Fraud Hotline:** **1-800-992-4100**  
 Please call our confidential hotline if you suspect fraudulent billing or health care activities.
- ▶ **Non-claims-related issues:**  
 Network Management Services, all provider types:  
**1-800-316-BLUE (2583)**  
 M-T-W-F: 8:30 a.m. - 4:30 p.m.  
 Th: 9:30 a.m. - 4:30 p.m.
- ▶ **Provider Enrollment and Credentialing:** For credentialing, changing a current contract, or obtaining the status of a previously submitted provider contract:  
**1-800-419-4419**  
 M-T-W-F: 8:30 a.m. - 4:30 p.m.  
 Th: 9:30 a.m. - 4:30 p.m.

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