August 2013

Providerfocus

MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

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

The Empowered Patient—One Doctor's Thoughts on Helping Patients Take Control of Their Health

We recently sat down with Leana Wen, M.D., emergency physician at Brigham and Women's Hospital and Massachusetts General Hospital, to discuss her book, *When Doctors Don't Listen: How to Avoid Misdiagnoses and Unnecessary Tests*.

The book is based on Dr. Wen's experiences as a physician and as a caregiver to her mother. Dr. Wen seeks to bridge communication disconnects between patients and their doctors, and to empower patients to talk to their doctors about their health concerns. Here, she shares some of the insights from her book—and how you can help your patients take control of their health.

Q: Your book explores the concept of "cookbook medicine." What does that mean?

A. Today, doctors are faced with many time pressures. To meet demanding schedules, a doctor might ask a patient a list of questions about their symptoms, then order a standard set of tests in an attempt to figure out the diagnosis. That's "cookbook medicine": it's the same medicine practiced on everyone, not individualized to each patient. This is not good medicine. We know that 80% of diagnoses can be made based on getting a patient's full story; so helping a patient to better explain his or her story is key to arriving at the accurate diagnosis.

Q: What advice does your book give to avoid cookbook medicine?

A. It's critical to educate patients about how to respectfully assert themselves during an office visit. In *When Doctors Don't Listen*, I teach them first about the way doctors think and the time pressures they are under. Then, I provide tips—I call them the 8 pillars to better diagnoses—so that patients can take control of their health during every encounter with their doctor.

Q: How can a physician get a better story from a patient who isn't comfortable speaking up or who may forget to share important details?

A. There is a skill to being a patient, just as there is a skill to being a physician. Every patient can learn better patient skills, such as how to speak up and how to tell a story. Some tips you may want to share with your patients include:

Leana Wen, M.D.

- Know your medical conditions and bring a list of all prescribed medications.
- Come prepared with medications and practice telling your story in advance of the visit.

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In This Issue

In Brief

You Do Not Need to Participate in Medicare Advantage PPO Blue℠ to Care for Medicare Advantage PPO Members

Medicare PPO Blue, a **Medicare Advantage plan**, offers members the flexibility to see providers in and out-of-network.

Even if you are not participating in the Medicare PPO Blue network but you participate in Medicare, you can be reimbursed for care provided to any of our Medicare PPO Blue members. We will reimburse you for covered services based on non-contracted provider reimbursement rates. For more information, contact Network Management Services.❖

Physician News

Healthcare Start-ups Shine on Innovation Day

Earlier this summer, nine Healthbox Boston 2013 companies pitched their innovative solutions for improving health outcomes to an audience of health care executives and investors.

Since this year's program kicked off in April, the nine start-up companies completed nearly four months of intense training designed to help them rapidly propel to the next stage of their business. Participants were armed with tools and education to help them increase their industry knowledge, improve value propositions and refine business models. They also gained exposure to partnership opportunities with a network of more than 250 industry stakeholders.

Early Results

To date, these companies have collectively gained market traction with 28 pilots and early partnerships across the country, including 16 in Massachusetts. These early relationships provide feedback on each company's solution. As the pilots grow into lasting customer relationships, the companies can prove that they are building a business that has the ability to scale within the industry.

"The traction these start-up companies have made in such a short period of time demonstrates the positive impact they're having on improving the healthcare delivery system," said Allen Maltz, Chief Financial Officer for Blue Cross Blue Shield of Massachusetts.

"We're proud to lead the effort with Healthbox in making this collaborative and innovative environment a reality. With the completion of the second program, we are continuing to see companies grow and make a sustainable impact in Massachusetts."

Nina Nashif (left), CEO of Healthbox, and TemiTuoyo Louis (right), Director of BCBSMA Strategic Investments, presented Elizabeth Asai and Elliot Swart of 3Derm Systems the 2013 HealthBox Innovation Award.
3Derm Systems is developing a low-cost skin monitoring solution that allows patients to take clinical-quality 3D images from the comfort of their own homes.

Healthbox Goals

Healthbox provides entrepreneurial support to start-up companies that offer innovative solutions to health care issues. As anchor partner and lead investor, Blue Cross makes a financial investment in health care startups through Healthbox in exchange for equity in the companies.

The Healthbox accelerator program helps new companies develop their ideas and bring them to market faster. Leaders of the chosen startups work together in a collaborative workspace in Cambridge, sharing knowledge and experience.

For more information about Healthbox and to learn about the companies that took part in Healthbox Boston, visit **healthbox.com**. Click on **Portfolio Companies**, then **Boston 2013**.❖

Physician News

Focus on HEDIS: Providing Postpartum Care Within the Recommended Timeframe

According to HEDIS data, 80% of our members who delivered a baby received a timely postpartum visit in 2011, a 10% decrease from our last HEDIS reporting period. Postpartum services must be received between 21 and 56 days after delivery to meet NCQA HEDIS guidelines, which are endorsed by The National Quality Forum (NQF).

Coding for postpartum visits

Remember to use the correct diagnosis and procedure codes to successfully document a postpartum visit. Please include the date that the postpartum care visit occurred in your chart.

For a visit to qualify as a postpartum visit, the provider must document one of the following:

- Pelvic exam
- Evaluation of weight, blood pressure, breasts and abdomen (notation of "breastfeeding" is acceptable for evaluation of breasts)
- Notation of "postpartum care," such as:
  -"PP care," "PP check," etc.
  - Preprinted "Postpartum Care" form in which information was documented during visit.

HEDIS measure defined

The measure assesses the percentage of women that had a postpartum visit on or between 21 days and 56 days after delivery.❖

The Empowered Patient—One Doctor's Thoughts on Helping Patients Take Control of Their Health

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- Write down key points, and make sure to ask all your questions before you leave the doctor.

It's often older patients who aren't as comfortable speaking up. It's important to remind them that they are the expert when it comes to knowing their body.

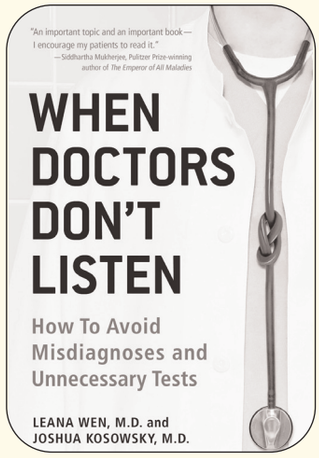
It may also be beneficial for older patients to bring to the appointment a friend or relative who may be able to help them speak up and ask questions.

Q. So how can a physician support their patient in taking control of their health during the office visit?

A. Doctors have to listen. Ask your patient to start at the beginning, as if they were telling a story. Ask them to provide context to symptoms. Instead of asking where a headache falls on a scale of 1-10, ask what the headache prevented them from doing. Perhaps they had to stay in bed all day, and miss out on a family event. Ask what it is they are the most concerned about. Then listen, really listen. Don't interrupt.

Limit your questions; your patient will tell you what's wrong. Let the patient tell their story.

In my book, I talk about how patients and doctors must be partners: patients know their body the best and they have to be a partner with their doctor in order to get the best possible care.



Read more from Dr. Wen on her blog, **whendoctorsdontlisten.blogspot.com**, and on Twitter @DrLeanaWen.

Her book, *When Doctors Don't Listen: How to Avoid Misdiagnoses and Unnecessary Tests*, is available for purchase from Amazon and Barnes & Noble.❖

Office Staff Notes

New Policy Requires You to Receive E-Payments

Register for E-payment with PaySpan by November 1, 2013

Effective November 1, 2013, e-payment will become our standard method of payment for provider reimbursement. An e-payment is a secure, direct deposit into your bank account that occurs via electronic funds transfer (EFT).

E-payment improves the efficiency and affordability of health care by providing you with innovative tools and services to manage your payments efficiently and conveniently.

It also reduces unnecessary use of paper and offers you online access to your payment advisories.

If you are not already registered to receive e-payments through our vendor, PaySpan®, Inc., you must register by November 1, 2013 at **payspanhealth.com**. Registration is simple and secure. Network Management Services is available at **1-800-316-BLUE (2583)**to assist with any questions or concerns.

PaySpan will also be the required method to verify weekly check status. By complying with this change, you can save time by getting this information online instead of calling the Provider Service line.

To review our audio-visual presentation to learn more about PaySpan, including how to register, log on to **bluecrossma.com/provider** and select **Resource Center>Training & Registration>Course List** and scroll down to **PaySpan Health.**❖

How to Read Consumer Spending Account Information in Your PDAs

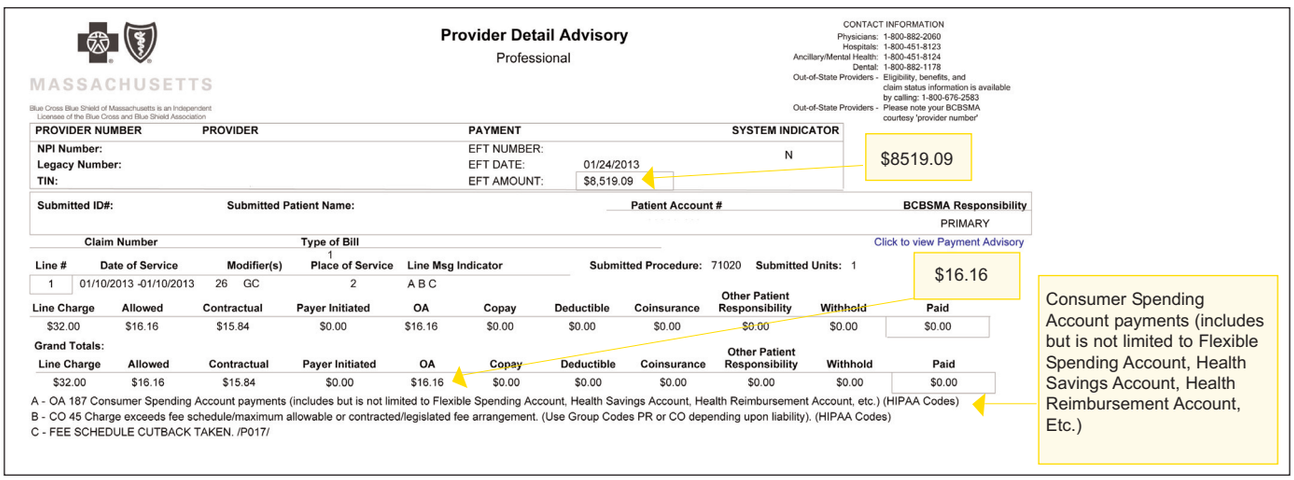
For BlueCard® (out-of-area) members who have a consumer spending account (e.g., a flexible spending account), it may appear that the EFT amount on your Blue Cross Provider Detail Advisory (PDA) shows an overpayment to you. This is because funds paid out of the member's consumer spending account are not listed in the paid field of the PDA, but are instead listed in the OA (other allowance) field.

Please add the amount in the OA field to the amount in the paid field in order to balance your accounts.

If the reimbursement you receive doesn't match the amount in the paid field of your PDA, please review the OA field of all patients listed on your PDAs for that date. Do this to validate if any claim has been paid out of the member's consumer spending account.

For example

In the example below, the EFT payment amount is $8,519.09. This payment includes $16.06 which is listed in the OA field and was paid out of the member's consumer spending account.❖



Provider Detail Advisory

Professional

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CONTACT INFORMATION
Physicians: 1-800-882-2060
Hospitals: 1-800-451-8123
Ancillary/Mental Health: 1-800-451-8124
Dental: 1-800-882-1178
Out-of-State Providers - Eligibility, benefits, and claim status information is available by calling: 1-800-676-2583
Out-of-State Providers - Please note your BCBSMA courtesy 'provider number'

PROVIDER NUMBER	PROVIDER	PAYMENT		SYSTEM INDICATOR
NPI Number:		EFT NUMBER:		N
Legacy Number:		EFT DATE:	01/24/2013	
TIN:		EFT AMOUNT:	$8,519.09	

$8519.09

Submitted ID#:	Submitted Patient Name:	Patient Account #	BCBSMA Responsibility
			PRIMARY

Claim Number | Type of Bill: 1

Click to view Payment Advisory

Line #	Date of Service	Modifier(s)	Place of Service	Line Msg Indicator	Submitted Procedure: 71020	Submitted Units: 1
1	01/10/2013 -01/10/2013	26 GC	2	A B C		

$16.16

Line Charge	Allowed	Contractual	Payer Initiated	OA	Copay	Deductible	Coinsurance	Other Patient Responsibility	Withhold	Paid
$32.00	$16.16	$15.84	$0.00	$16.16	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Grand Totals:

Line Charge	Allowed	Contractual	Payer Initiated	OA	Copay	Deductible	Coinsurance	Other Patient Responsibility	Withhold	Paid
$32.00	$16.16	$15.84	$0.00	$16.16	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

A - OA 187 Consumer Spending Account payments (includes but is not limited to Flexible Spending Account, Health Savings Account, Health Reimbursement Account, etc.) (HIPAA Codes)
B - CO 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). (HIPAA Codes)
C - FEE SCHEDULE CUTBACK TAKEN. /P017/

Consumer Spending Account payments (includes but is not limited to Flexible Spending Account, Health Savings Account, Health Reimbursement Account, Etc.)

Office Staff Notes

Credentialing Reminders

To expedite the credentialing process, please remember:

- When re-credentialing through the Council for Affordable Quality Healthcare (CAQH), please include your current malpractice insurance information in the Professional Liability Insurance section of the *Integrated Massachusetts Application* form. This section can be found by clicking on the **Answer** tab and selecting **Professional Liability Insurance** from the drop down list.
- When updating information on the *Integrated Massachusetts Application* form, be sure to re-attest by clicking on the **attest** button at the top of the toolbar.
- If you are an Advanced Practice Nurse (NP, NPPCP, CRNA, CNM, PNP, RNCS), please include your collaborating physician's name on credentialing documentation that you submit to CAQH or to BCBSMA. Also, submit a copy of your certifications when re-credentialing.
- All physical therapists employed by a participating practice must be contracted and credentialed with Blue Cross. Please be sure to submit claims using the appropriate NPI to indicate the correct provider of service. To download a *Physical Therapist Contracting Application*, please visit **bluecrossma.com/provider** and select **Become a Blue Cross Provider.**❖

New Address and Fax Number for FEP Post-Service Medical Reviews

If you receive claim denials for post-service medical necessity review for a patient who is a Federal Employee Program (FEP) member, please submit the requested information to the following new fax number or address:

- **617-246-7168**,
- Blue Cross Blue Shield of Massachusetts, Provider Appeals, PO BOX 986065 Boston MA 02298

This includes all requested medical records, supporting information, provider letters of appeal, and requests for claim review for FEP claims with reject messages **X769** (claim requires medical review) or **X529** (claim denied after post service medical review).❖

Send Us Your ICD-10 Questions

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA).

Do you have questions about the transition to ICD-10? Blue Cross is here to help. E-mail your questions to: **ICD10Program@bcbsma.com**.

More information about ICD-10 is available on our website. Log on to **bluecrossma/provider** and click on **ICD-10 Resource Center**❖

Updated DME Supply List

The list of DME supplies that can be billed by a physician, podiatrist, nurse practitioner, nurse practitioner primary care provider (NPPCP), or urgent care center has been updated on our provider website to reflect changes in member coverage for compression stockings.

As indicated in our annual fee schedule *F.Y.I.*, this list will be updated again on September 1 to reflect fees that are more consistent with our DME fee schedules.

To view the list on September 1, log in to **bluecrossma.com/provider** and click on **Resource Center>Admin Guidelines & Info and select Updated DME Codes.**❖

Office Staff Notes

AQC Providers to be Designated as PCMH Sites

The Affordable Care Act (ACA) encourages the widespread development of Patient Centered Medical Homes (PCMH). The four primary care medical societies define PCMHs as providing:

- comprehensive care management
- care coordination and health promotion
- transitional care between hospital and primary care
- referral to community and social services
- patient and family engagement and
- the use of information technology to link services.

The Blue Cross Blue Shield Association will be designating certain practices as PCMHs in its national Find a Doctor Directory starting October 1, 2013; BCBSMA's Find a Doctor directory will show the designation later in 2013. Massachusetts providers who participate in AQC arrangements and in the state's Patient-Centered Medical Home Initiative will be denoted as PCMHs in the directory because these groups have committed to the characteristics of PCMHs.❖

Billing Notes

Modifier 26 Clarification

In response to questions we have received from providers, we are clarifying our reimbursement policy for the professional component (modifier 26) of a radiology procedure when performed with an Evaluation and Management (E&M) service. This policy was announced in our March 2013 *Provider Focus* and took effect on July 1, 2013. The clarification appears in bold text below.

Effective July 1, 2013, we will no longer reimburse for the professional component (modifier 26) of a radiology procedure when performed with an Evaluation and Management (E/M) service in an office setting by the same provider, on the same day, **if the radiology service is not accompanied by the technical component of the radiology service.**

Please note that this policy conforms to the CPT guidelines for appropriate use of modifier 26.❖

Dry Hydrotherapy Massage Reminder

Blue Cross does not cover dry hydrotherapy massage; we will not reimburse providers for this service. According to Medical Policy #400, Medical Technology Assessment Non-Covered Services, we consider dry hydrotherapy massage investigational.

To view this medical policy, log on to **bluecrossma.com/provider**, select **Manage Your Business>Review Medical Policies>View Medical Policies and search for 400.**❖

Medical Policy Updates

Lists of New, Revised, and Clarified Medical Policies are Now Available Online

Log on to **bluecrossma.com/provider**, select **Manage Your Business>Review Medical Policies>View Medical Policies**. In the middle of the page, you will find summaries of Medical and Pharmacy Policy Updates, grouped by the month in which the policy or update is effective. Each month's list is organized alphabetically by policy title. Click on the policy title to view a summary of the update.

FEP Medical Policies Now Online

To view Federal Employee Program Medical Policies, visit **fepblue.com** and search for **Medical Policies**.❖

Prescribers of Antipsychotics: New Medical Policy Takes Effect October 1

A new step therapy medical policy for antipsychotic medications, **Atypical Antipsychotic Medication Step Therapy Policy 458**, will be implemented on October 1, 2013. The policy is intended to direct members to generic medications in this therapeutic class, when clinically appropriate, which may help to save them money on their medications.

Policy Overview

- Applies to new prescriptions for members[1] who are starting on a course of treatment with an antipsychotic medication.
- Members currently taking an antipsychotic may continue receiving that medication without further authorization.
- No prior authorization is required for Step 1 medications (generics). A list of these medications is provided below.
- Step 2 medications will be covered at the point of sale for your patient if pharmacy prescription claim history shows the use of either a Step 1 and/or a Step 2 medication within the past 180 days, or if a current prior authorization has been approved for your patient.
- Step 3 medications require the use of both a Step 1 and a Step 2 medication, or an approved prior authorization request.
- Non-covered medications require an approved formulary exception request and proof of the use of Step 1 and Step 2 medications.

Step therapy/formulary exception requests based exclusively on the use of samples will not be approved. You will need to submit clinical documentation explaining why the higher step drug is necessary.

A full draft version of the policy will be available by request for participating ordering clinicians on September 1, 2013. To request a draft, contact Medical Policy Administration at **ebr@bcbsma.com**. Information on how you can request individual consideration is available in the medical policy.❖

[1]The member must use our standard, commercial formulary; this policy doesn't apply to Medicare Advantage, Blue MedicareRx, or Federal Employee Program formularies.

Step 1 Medications do not require prior authorization

Step 1 Medications (Generic medications)	Tier (this tier offers the lowest cost-share for our members)
Chlorpromazine	Tier 1
Clozapine/ODT	Tier 1
Fluphenazine	Tier 1
Haloperidol	Tier 1
Lithium Carbonate/ER	Tier 1
Lithium Citrate	Tier 1
Loxapine	Tier 1
Olanzapine	Tier 1
Perphenazine	Tier 1
Quetiapine	Tier 1
Risperidone, M/ODT	Tier 1
Thioridazine	Tier 1
Thiothixene	Tier 1
Trifluoperazine	Tier 1
Ziprasidone	Tier 1

How to request prior authorization or formulary exception

Use ExpressPAth at **https://provider.express-path.com** (registration required). Or, fax us the *Prior Authorization and Formulary Exception* form that's included at the end of the medical policy.

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401 Park Drive
Boston, MA 02215

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U.S. POSTAGE
PAID
BOSTON, MA
PERMIT NO. 56717

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ROUTING BOX
Date received:_____
Please route to:
- ☐ **Office manager**
- ☐ **Physician**
- ☐ **Nurse**
- ☐ **Billing manager**
- ☐ **Billing agency**
- ☐ **Receptionist**
- ☐ **Other:** _____

_____

At Your Service

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Boston, MA 02215-3326
—or—
E-mail: **focus@bcbsma.com**

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