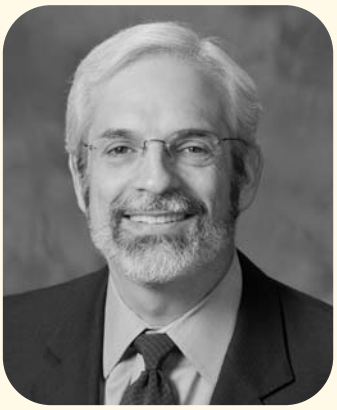
January 2011

Providerfocus

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

A Conversation with BCBSMA President and CEO Andrew Dreyfus

Making Quality Health Care Affordable



As we head into a new year, health care reform continues to be a pressing issue on both a state and national level. Through its own reform, Massachusetts has improved access to care for nearly all state residents over the past several years; however, the affordability of health care remains a challenge. Blue Cross Blue Shield of Massachusetts (BCBSMA) is now working with providers and hospitals to address this issue.

Our President and CEO Andrew Dreyfus recently spoke with *Provider Focus* about BCBSMA's plans over the next several years to address health care affordability. Dreyfus reflects on some of the changes in the health care system and talks candidly about how we plan to work with the provider community over the next several years to address health care affordability.❖

Q: What is a key message you'd like to share with the provider community?

A: We feel incredible and appropriate pressure from purchasers of care, including employers, families, and government, to reduce the rate of increase of health care costs in Massachusetts. And we urgently need physicians and hospitals to join us in a shared effort to reduce the rate of growth in health care costs. We understand that we can't do this alone, and we need their active participation.

Q: You have been President and CEO for about four months now and you have a clear vision of where BCBSMA and the health care industry should be headed. What changes should providers expect to see from BCBSMA in the next year, or several years?

A: Providers will see a more intense focus on affordability, and they'll see us, wherever possible, pursue that focus in a collaborative way. We'll continue to develop innovative ways to reimburse hospitals and providers to produce the kind of savings the community expects from all of us. The current fee-for-service system is incapable of providing these savings. That's why new models of payment, like the Alternative Quality Contract (AQC) and others, will become more prevalent in the future.

The single most critical ingredient to successfully bending the cost curve is the willingness of physicians and hospitals to rethink our current system of delivering care and funding it.

continued on page 3

In This Issue

In Brief

Interested in Electronic Health Records? Don't Miss Out on Federally Subsidized Resources

The Massachusetts e-Health Institute's Regional Extension Center is offering a variety of programs and services to help providers implement electronic health records (EHRs) and become meaningful users to earn federal incentives.

To take advantage of this federally subsidized resource, eligible providers must enroll by **January 31, 2011**.

Providers will receive assistance in selecting, implementing, and using EHRs, and learn how to meet federal criteria for the incentives.

For more information, go to **www.maehi.org/rec/index.html.**❖

Physician News

MASSACHUSETTS

The Effects of Periodontal Disease on Diabetes, CAD, and Pregnancy

You probably see patients in your practice who suffer from a wide range of chronic diseases. What you may not know is the role that oral infection and inflammation may play in the management of these conditions.

Dr. Robert Lewando, BCBSMA's Dental Director, says a member's oral health may be a significant risk factor in the management of various medical conditions.

Periodontal disease, a primary cause of oral infection, is a condition caused by the accumulation of bacteria and food products around the teeth, which create a sticky film called plaque. Plaque, which first forms above the gumline, spreads to the roots of the teeth and damages the attachment structure of the tooth. This condition may lead to abscesses, loose teeth, and ultimately tooth loss.

Additionally, oral bacteria may enter the bloodstream, causing inflammation that can lead to narrowing of blood vessels and increased risk for heart disease. Oral bacteria can also decrease the effectiveness of insulin, making the management of diabetes more difficult. Prevention or treatment of this condition may help to improve the management of your patients with these conditions.

Furthermore, the presence of periodontal disease appears to increase the risk of a woman having a preterm or low-birth-weight baby.

BCBSMA's Enhanced Dental Benefits

That's why we offer members with our dental benefits access to additional cleanings and periodontal care when they have diabetes or CAD, or when they are pregnant. These are standard benefits that are not subject to deductibles, coinsurance, or benefit maximums.

Because BCBSMA offers both medical and dental coverage to members, we are able to identify affected members and provide them with additional dental benefits, when appropriate, to help them better manage their medical conditions.

"This has helped distinguish BCBSMA's dental plan from others in the marketplace," says Lewando. "By integrating medical and dental information, we can reach out to members who may not be compliant in their dental care and hopefully improve both their oral and overall health."

TOTAL HEALTH CONNECTION

BCBSMA reviews claims data to outreach to qualified members and also accept referrals for enhanced dental benefits.

What You Can Do

- Convey the importance of regular dental care to your patients.
- Refer the member to his/her dentist for care. If the member has BCBSMA dental benefits, certify his/her diagnosis for eligibility by completing the *Enhanced Dental Benefits Enrollment Form* and giving it to the member to submit to us. (To access the form, log on to **ww.bluecrossma.com/provider** and select **Resource Center>Forms> Administrative Forms).**❖

Medicare Advantage Member Health Risk Assessments Planned

BCBSMA has selected Matrix Medical Network (Matrix) to conduct health risk assessments (HRAs) for our Medicare Advantage members receiving both short-term (sub-acute) and long-term (custodial) care in skilled nursing facilities and nursing homes.

Matrix specializes in assessing and formally documenting the health status of members in the nursing home, skilled nursing facility, and home settings. Matrix nurse practitioners and physician assistants will see members in these settings in 2011 and will complete comprehensive HRAs of high-risk members. These HRAs include a face-to-face bedside visit to assess clinical conditions, and they can determine which patients may benefit most from health management interventions.

Results of the completed HRAs will be shared with Medicare Advantage members' primary care providers and providers of choice to address any required follow-up.

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

Focus on Affordability

A Conversation with BCBSMA President and CEO Andrew Dreyfus

continued from page 1

They are recognizing this and starting to align with each other to produce more coordinated care.

Providers will also continue to see us redesign our approaches to care management and disease management. We will work more closely with physician practices and others to ensure that we are moving in the same direction on behalf of their patients, and our members.

Q: As the health care system gets more complex, how will BCBSMA work to simplify it for providers?

A: We have to constantly remind ourselves that while our own administrative spending is relatively modest compared to the total medical spend—we only spend 10 cents of our premium dollar on administrative costs and 90 cents goes to care for our members—we create administrative burdens for providers and hospitals, and we have to do better. I think there are several promising avenues to help to simplify the system for providers.

First, we have to look as hard as we can to standardize processes with other health plans and payers. We have been working with employer groups, other health plans, the Massachusetts Medical Society, and the Massachusetts Hospital Association to simplify administrative burdens on physicians and hospitals, to try to eliminate requirements that don't add value.

The second way is to provide more effective online tools for our providers so that if they need to do business with us, it is simple, clear, and easy to navigate. We've already made progress in our online claims submission tools. We currently receive over 92% of claims electronically and automatically process 87% of claims through to payment. This allows us to pay claims swiftly.

We also provide a suite of online self-service tools that enable providers to check members' eligibility and benefits, review the status of their claims, submit referrals, review and retrieve images of their payment advisories, and sign up for EFT payments. These tools are all accessible from our provider website at **www.bluecrossma.com/provider**. Providers no longer need to call us during business hours for this type of information. Instead, they can access it whenever and wherever it is most convenient for them.

Q: What would you like to say to our network providers about how BCBSMA plans to fortify their trust in us?

A: I think we have good, strong, and stable relationships with physicians and hospitals now. But I think cost pressures over the past few years have strained some of those relationships. We are working to rebuild these relationships. I would encourage those physicians and hospitals that have questions about our values to talk to physicians and hospital leaders who have joined with us in our new payment model, because in those arrangements, we are mutually committed to the same task.

Q: Currently one-third of our HMO Blue® network providers participate in the Alternative Quality Contract (AQC)—accounting for 40% of our HMO Blue membership. How has the AQC fared so far and what do you see as the future of the AQC?

A: The AQC has exceeded our expectations. More physicians and hospitals have signed up than we expected, and we rapidly built a comprehensive support model here at BCBSMA. The early results show that quality is improving faster within our AQC groups than in other groups. The practices are earning a margin on their AQC business, and they remain committed to reducing trend over time. I think the future is very promising, and we've had a lot of interest from other private payers who see this as a viable model for the future.

Q: Do you have any final thoughts to share with providers?

A: The Massachusetts health care community came together in 2005 and 2006 around the principle of shared responsibility, to support the movement that resulted in health insurance coverage for nearly everyone in the state. We are the only state that can claim that, and we should be very proud of that. We need to approach the affordability question with the same sense of responsibility and urgency, and if we do, we will be a model for the nation around the cost of health care.❖

Pharmacy Update

Best Practices: Clinical and Patient Education on Proton Pump Inhibitors

Last year, many insurers—including BCBSMA—changed their members' coverage of proton pump inhibitors (PPIs) and implemented new policies and clinical coverage criteria. As a result, many practices have been reviewing existing workflows for obtaining health plan prior authorization and finding opportunities to strengthen clinical and patient education programs aimed at providing cost-effective treatment alternatives, including lifestyle modifications.

According to Gene Muise, R.Ph., MS, Director of Pharmacy at Mount Auburn Cambridge Independent Practice Association (MACIPA), these policy changes have sparked conversations about PPI use.

"PPIs have always been a major cost driver," says Muise. "The introduction of new OTCs to the market and information about long-term use just wasn't there in the past."

Engaging Patients

Practices like MACIPA and Atrius Health have embarked on comprehensive campaigns to engage all levels of their practices—from nurses to physicians and senior leaders.

For example, Atrius used multiple layers of engagement to successfully move patients to generics and step-down therapy, said Amy Vachon, PharmD, and Marianne Lee, PharmD, co-managers of Clinical Pharmacy at Atrius. This has included:

- Reviewing clinical guidelines and literature resources, and working with the practice's gastroenterologists to develop concise Fact Sheets and other references for prescribing clinicians.
- Sharing clinician prescribing patterns and flagging patients for clinical intervention using electronic medical records. Practices then develop action plans and report on progress during the follow-up year.
- Using clinical pharmacists assigned to specific practices to reach out to clinicians and patients to educate them on PPIs.
- Giving patients an After Visit Summary reinforcing messages relayed during the visit and offering specific instructions for tapering down, and making lifestyle choices.

At MACIPA, Muise says that clinical education has been positively received because senior management asked GI specialists to educate the PCPs on appropriate PPI use, lifestyle changes, and to promote tapering of PPIs.

"The biggest challenge is step down because, with these drugs, you shouldn't just go cold turkey," he said. He adds that any clinical decisions are at the discretion of the patient's physician and that some emphasis on step down has been placed on patients with dyspepsia and non-erosive GERD

For both MACIPA and Atrius, tapping into the expertise of the GIs and getting clinician buy-in was key to success, especially in developing appropriate treatment options for these medications.❖

Tips from MACIPA

- Educate patients on methods to improve their condition, such as elevating the bed and never eating three hours before bedtime, and proper use of medications. You can also conduct targeted patient outreach, such as letters, to tell patients how other appropriate treatment options can save them money.
- Provide the Independent Drug Information Service website, **www.RxFacts.org**, an excellent patient education and acid-suppressive therapy resource for clinicians.

Tips from Atrius

- Make it easy for clinicians by preparing them in advance. Atrius' clinical pharmacists review lists of patients taking PPIs, perform chart reviews on each to determine if a generic alternative or step-down might be appropriate, then flag the patient's medical record one day before the appointment. Providers who don't have time to address a PPI intervention during this particular appointment can ask the clinical pharmacist to follow up.
- Create special messaging at the point of prescribing, prompting physicians to first use preferred medications, when appropriate.
- Educate clinic prescription refill technicians and nurses—everyone who interacts with the patient. According to Lee, this includes e-mails, memos, team meetings, and leveraging relationships that practices have with their assigned clinical pharmacist.❖

Office Staff Notes

Reminder About the Importance of Requesting Referrals

For our HMO plans, including Medicare HMO Blue®, the PCP must request a referral before the member has services rendered by a specialist. Timely completion of this process by the PCP enables the specialist's claims to process appropriately.

As a reminder, we are including important information below regarding referrals.❖

If you're a:	Then:
PCP office	▸ **Enter the appropriate number of visits that you feel will be necessary for the member (many PCPs default to three visits).** For patients requiring long-term specialist care, such as a patient receiving chemotherapy, you can enter up to 99 visits within 365 days. ▸ Referrals must be entered within 90 days of the date of service. ▸ Our *Referral and Authorization Quick Tip* provides information about services that require a referral. To access it, log on to **www.bluecrossma.com/provider** and select **Resource Center>Admin Guidelines & Info>Quick Tips.** ▸ If you need assistance entering a referral, please contact our Provider Self Service team at **1-800-771-4097**. Be sure to have the NPI of the specialist you are referring our member to. If you do not have the NPI, you can find this information under the Find a Doctor section of our provider website. (Log on as indicated above and click on **Manage Your Business>Find a Doctor.**)
Specialist office	▸ The PCP must obtain a referral within 90 days of the date of service for the appropriate number of visits. To verify if a referral has been obtained, use Online Services, Online Services Batch Manager, BCBSMA Direct Connection, the Point-of-Service Device, InfoDial®, or the HCS Review Inquiry screen in Online Services. (BCBSMA automatically displays in the Select Payer List window.) ▸ ***Please note:*** services must continue to meet medical necessity guidelines. A valid referral does not guarantee reimbursement.

Revised Radiology Privileging Requirements for Cardiac CT Studies, Effective April 1

BCBSMA has privileging criteria in place for radiologists to officially interpret cardiac CT (CCT) studies. Currently, one of our requirements is that radiologists interpret at least 50 studies per year to maintain privileging status.

To align with criteria of the America College of Radiology, effective April 1, 2011, we are revising our criteria to require radiologists to interpret 75 studies over 36 months to maintain privileging status.

If you have any questions, or if you need to send us documentation related to privileging, please send a fax to **617-246-7771.**❖

Updated CPT®* Codes for Immunization Administration in Children and Adolescents

As a reminder, updated CPT codes go into effect January 1, 2011. When completing claims for submission to BCBSMA, be sure to use the most up-to-date industry standard codes, which can be found in your 2011 CPT guide.

Please note that CPT codes 90465-90468 are being deleted as of January 1, 2011. Two new codes (90460 and 90461) will be added. These two codes should be used only when counseling on vaccine antigen components up to the age of 18. If no counseling occurs or if the patient is over 18, then codes 90471-90474 should be used.❖

Office Staff Notes

Reminder: Fax-on-Demand Changes Starting March 1, 2011

As we previously communicated, starting **March 1, 2011**, the only documents we will offer on our Fax-on-Demand system will be InterQual® SmartSheets™. All other documents currently on Fax-on-Demand, including BCBSMA medical policies, will be available solely on our provider website. (*Please note:* SmartSheets are also available on our website.

Registering for Our Website

Go to **www.bluecrossma.com/provider** and click on **Register Now** in the blue box.

About Billing Agencies

Since billing agencies with whom you do business may also use Fax-on-Demand to request medical policies and other information, be sure to notify them of this change.

As a reminder, you may also authorize billing agencies who work on your behalf to register for our website. To do so, they can go to the same link shown to the left. Once they have registered, you will be notified and asked to authorize them to work on your behalf.❖

Ancillary News

Clinical Laboratories and Durable Medical Equipment Providers: BlueCard® Program Claims for Services Rendered Outside of Massachusetts

When you provide services outside of Massachusetts to members of BCBSMA or other Blue Cross Blue Shield plans across the country (out-of-area BlueCard Program claims), we ask that you submit claims to the local Blue plan.

We'd like to clarify which plan is considered to be local for clinical laboratories and durable medical equipment (DME) providers.

How to Submit Claims for Blue Cross Blue Shield Members

Please submit claims to the plan in the area where the services are rendered. Here is how these claims will be processed:

- If you have a provider contract in place with the local Blue plan, the claim must be filed to the local plan, and it will be considered a participating provider claim.
- If you do not have a provider contract in place with the local Blue plan, the claim still must be filed to the local plan, but it will be considered a non-participating provider claim.

Resources

For information on out-of-area programs, please refer to our *Blue Book* administrative manual, available online. Simply log on to **www.bluecrossma.com/provider** and select **Resource Center> Admin Guidelines & Info.**

Or, to access our *BlueCard Program* audio-visual training, click **Resource Center>Training & Registration>Course List.** Select BlueCard Program from the Ancillary sub-heading. ❖

Example

A BCBSMA member has her lab specimen drawn in California and sent to a Massachusetts lab for analysis.

How your claim will process:
Submit the claim to the California Blue plan. If you have an agreement with the California Blue plan, the claim will process as a participating provider claim. If you do not have an agreement with the California Blue plan, it will process as a non-participating provider claim.❖

For this type of provider:	The local plan is defined as:
Clinical Laboratory	The plan in the service area where the specimen was drawn
DME provider	The plan in the service area where the equipment was shipped or purchased at a retail store.

Medical Policy Update

All updated medical policies will be available via:

- www.bluecrossma.com/provider>Medical Policies.
- Fax-on-Demand at 1-888-633-7654 (until 2/28/11)

Changes

Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting, 287. New medical policy describing ongoing non-coverage for commercial products and for Medicare HMO Blue® and Medicare PPO Blue℠ and ongoing coverage of thoracic electrical bioimpedance for Medicare HMO Blue and Medicare PPO Blue. Also adding diagnosis editing on claims. Effective 11/10/10.

Injectable Clostridial Collagenase for Fibroproliferative Disorders, 225. Adding coverage for this procedure only for Medicare Advantage members who meet the criteria noted in the policy. Effective 1/15/11.

Radioimmunotherapy in the Treatment of Non-Hodgkin's Lymphoma, 146. Adding an additional indication. Effective 4/1/11.

Selective Internal Radiation Therapy, 292. New medical policy describing covered and non-covered indications for this procedure. (Information currently listed in medical policy 278, *Intraoperative Radiation Therapy*, will be moved to this policy.) Effective 4/1/11.

Clarifications

Biofeedback for Miscellaneous Indication, 187. Clarifying ongoing non-coverage for sleep bruxism and motor function after stroke or brain injury.

Electrocardiographic Body Surface Mapping, 289. New medical policy describing ongoing non-coverage of this procedure.

Genetic Testing for Helicobacter Pylori Treatment, 288. New policy describing ongoing non-coverage of this procedure. The same information was removed from clinical recommendation document 365, *Genetic Testing and Counseling*.

Intravenous Anesthetics for the Treatment of Chronic Neuropathic Pain, 291. New medical policy describing ongoing non-coverage of this procedure.

Medical Technology Assessment Non-Covered Services, 400. Clarifying ongoing non-coverage of transoral gastroplasty (TOGA®˝) system for gastric stapling.

Neurofeedback, 515. New medical policy describing ongoing non-coverage of this procedure. Similar information removed from medical policy 423, *Outpatient Psychotherapy*.

Radiofrequency Ablation of Pulmonary Veins for Treatment of Atrial Fibrillation, 141. Clarifying ongoing non-coverage of cryoablation of pulmonary veins for the treatment of atrial fibrillation. Also changing the policy title to *Catheter Ablation of Pulmonary Veins for Treatment of Atrial Fibrillation*.

Radiofrequency Facet Joint Denervation, 140. Clarifying the number of required nerve blocks from three to two.

Serum Biomarker Human Epididymis Protein 4 (HE4), 290. New medical policy describing ongoing non-coverage of this procedure.

Serum Holotranscobalamin as a Marker of Vitamin B12 (Cobalamin) Status, 561. New medical policy describing ongoing non-coverage of this procedure.

Thermal Capsulorrhaphy as a Treatment of Joint Instability, 591. New medical policy describing ongoing non-coverage of this procedure.❖

Important Update on Medical Policy 439, *Cognitive Rehabilitation*

In October-November 2010 *Provider Focus*, we announced that effective January 1, 2011, we will be adding coverage of cognitive rehabilitation for traumatic brain injury when specific conditions are met for specific diagnoses. Please note that we are postponing implementation of this coverage until further notice.❖

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

Landmark Center
401 Park Drive
Boston, MA 02215

Providerfocus

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

_____

Visit our Plan Education Center and learn how we re educating our members.
www.bluecrossma.com/plan-education

At Your Service

- BlueLinks for Providers
  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)
- 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.

Providerfocus is published monthly for BCBSMA physicians, health care providers, and their office staff. Please submit letters and suggestions for future articles to:

Editor, *Provider Focus*
Provider Education and Communications
Blue Cross Blue Shield of MA
Landmark Center, MS 01/08
401 Park Drive
Boston, MA 02215-3326
—or—
E-mail: **focus@bcbsma.com**

- **Andrew Dreyfus,** *President and Chief Executive Officer*
- **John A. Fallon, M.D.,** *Chief Physician Executive and Senior Vice President*
- **Steven J. Fox,** *Vice President, Provider Network Management and Contract Operations*
- **Teresa Perrier,** *Editor*
- **Patricia Gaudino,** *Managing Editor*
- **Stephanie Botvin,** *Contributing Writer*
- **Jennifer Harding,** *Contributing Writer*
- **Barbara Chester,** *Production Manager*
- **Patricia Moriarty,** *Graphic Designer*