

Providerfocus



MASSACHUSETTS

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

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Make Fall Prevention Part of Your Practice

Each year, one in three adults age 65 and older will fall. In fact, falls are the leading cause of death from injury among people 65 and older, and many health care professionals have expressed interest in learning more about risk-assessment for fall prevention.

In response, the Centers for Disease Control and Prevention (CDC) developed the STEADI (Stopping Elderly Accidents, Deaths & Injuries) tool kit, an evidence-based approach to screening and fall risk assessment.

We partnered with the Massachusetts Medical Society and the Massachusetts Department of Public Health to offer a webinar about fall prevention. Evidence shows that targeted interventions, such as the CDC's STEADI tool kit, can improve outcomes.

Falls are preventable

Fall prevention experts at the webinar emphasized that small changes in a practice can yield large results, and that sharing risk assessment and prevention responsibilities across the practice can facilitate performing assessments on all at-risk patients.

“Everyone has a role to play in preventing falls,” said Dr. Richard Schuster, Professor of Health Policy and Management and Director, Center for Global Health, University of Georgia College of Public Health. “Physicians can train office staff and other clinicians to participate. Doctors don’t have to do it all on their own.”

More than 70% of webinar respondents indicated they would consider implementing the STEADI tool kit in their practice.

Suggestions to incorporate fall prevention into your practice

- ▶ Include fall risk assessments in all Medicare annual wellness visits.
- ▶ Ask every older patient if they fell in the last 12 months.
- ▶ Put self-risk assessment brochures in waiting rooms.
- ▶ Assign new roles for health care team members to support this effort and others like it.

“When it comes to fall prevention, evidence shows that targeted interventions can improve outcomes,” said John Fallon, M.D, event moderator and Blue Cross Blue Shield of Massachusetts’ Senior Vice President and Chief Physician Executive. “The STEADI tool kit

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In Brief

Our Code of Ethics is Now Online

Blue Cross Blue Shield of Massachusetts and its Board of Directors, management, associates, and business partners are committed to doing business with honesty, integrity and respect for the law. We created *The Blue Print*, a code of ethics and conduct for our employees, business partners, and providers which serves as a guide to the laws and company policies that affect our business.

The Blue Print covers topics including:

- ▶ Conflicts of interest
- ▶ Records retention

- ▶ Reporting violations of policy or law.

To view *The Blue Print*, visit bluecrossma.com/provider and select **Our Commitment to You**.

While we are required to share this compliance information with providers who care for our Medicare Advantage members, we make it available to our entire network.

As a reminder, please report issues of non-compliance, fraud, waste, or abuse through our 24/7 anonymous hotlines. **Compliance hotline: 1-800-554-6390; Fraud Hotline: 1-800-992-4100.** ❖

Physician News

Personalized Gap-in-Care Letters for Members Are Mailing to Members with Chronic Conditions

We will be reminding members with certain chronic conditions to take action on possible gaps in their care that we've identified through our claims data. We hope these letters prompt members to consult with you about their treatment and help facilitate recommended care for a particular condition.

More than 50,000 members receiving treatment for one or more of the following chronic conditions will receive a letter later this month and may contact your office to discuss the information.

- ▶ Asthma
- ▶ Congestive Heart Failure

- ▶ Coronary Artery Disease
- ▶ Diabetes

We looked at claims between January 2012 and February 2013 to identify members with these conditions who appear to be overdue for a recommended screening or who may not be on a recommended medication.

Here is an example of the patient "snapshot" for each condition; members will receive a personalized letter with the information specific to their condition(s).

These members:	With this condition:	Will receive information on this HEDIS measure:	And it will include one of the following messages:
<ul style="list-style-type: none"> ▶ Commercial HMO/POS & PPO; Medicare Advantage; FEP ▶ Ages 5 and above 	Asthma	Medication to control asthma: steroid inhaler or other controller medication	<ul style="list-style-type: none"> ▶ Medication or screening is up-to-date or not up-to-date (based on our claims data) ▶ Check with your doctor
<ul style="list-style-type: none"> ▶ Commercial HMO/POS & PPO; Medicare Advantage; FEP ▶ Ages 18 and above 	Congestive Heart Failure	Medication to improve heart function: ACE or ARB	
		Medication to improve heart function: Beta Blocker	
	Coronary Artery Disease	Test for LDL	
	Diabetes	Test for LDL	
		Test to measure control of glucose over several weeks (HbA1C)	
		Eye Exam	
		Urine test for kidney function	

Resources

We've also posted the following resources to our website:

For this:	Log on to bluecrossma.com/provider and select:
Samples of an adult and pediatric member letter	The link on the home page.
Guidelines we use for recommendations	Manage Your Business > Manage Patient Care ; choose a condition from the drop-down menu.

Physician News

Focus on HEDIS: Use of Appropriate Medication for Patients with Asthma

Clinical practice guidelines suggest that when caring for patients with asthma, physicians should conduct periodic evaluations of their patient’s asthma and prescribe the appropriate medications based on symptom control.

Partnering with your patient

Partnering with patients has been shown to improve results. This creates an opportunity to educate them on the importance of controlling asthma and the difference between long-term control medication and quick relief or “rescue” medicines.

Clinical practice guidelines suggest the following steps to control asthma:

1. Determine level of control.
2. Create a care management plan, where dose, medications, and frequency are increased as necessary and decreased when possible.
3. Provide the patient with asthma education.
4. Schedule follow-up visits.

HEDIS Measure Description

The percentage of members ages 5-64 who were identified as having persistent asthma and who were dispensed appropriate medications and remained on their medications during the treatment period. Two rates are reported:

- ▶ The percentage of members who remained on asthma controller medication for at least 50% of the treatment period.
- ▶ The percentage of members who remained on asthma controller medication for at least 75% of the treatment period.

Asthma controller medications

The medications listed below meet the HEDIS standard of care. To learn coverage and authorization requirements, log on to bluecrossma.com/provider and click on **Manage Your Business>Search Pharmacy and Info**.

Description:	Prescription(s):
Antiasthmatic combinations	<ul style="list-style-type: none"> • Dyphylline-guaifenesin • Guaifenesin-theophylline • Potassium iodide-theophylline
Antibody inhibitor	<ul style="list-style-type: none"> • Omalizumab
Inhaled steroid combinations	<ul style="list-style-type: none"> • Budesonide-formoterol • Fluticasone-salmeterol
Inhaled corticosteroids	<ul style="list-style-type: none"> • Beclomethasone • Flunisolide • Triamcinolone • Budesonide • Fluticasone CFC free • Ciclesonide • Mometasone
Leukotriene modifiers	<ul style="list-style-type: none"> • Montelukast • Zafirlukast • Zileuton
Mast cell stabilizers	<ul style="list-style-type: none"> • Cromolyn • Nedocromil
Methylxanthines	<ul style="list-style-type: none"> • Aminophylline • Oxpriphylline • Dyphylline • Theophylline

Remember to code for exclusions to the measure

If your patient has a diagnosis of one of the following conditions, remember to include it in the claim. This helps to ensure the accuracy of lists showing patients with asthma, whether generated by your physician group or by a health plan.

Codes that will exclude patients from the HEDIS asthma measure:

Description:	ICD-9-CM Diagnosis:
Acute respiratory failure	518.81
COPD	491.1, 493.2, 496, 506.4
Cystic fibrosis	277.0
Emphysema	492, 506.4, 518.1, 518.2

Physician News

Treatment Plan Letters for Fracture Patients

The U.S. Preventive Services Task Force recommends that women age 65 and older receive osteoporosis screening every two years. In addition, they recommend that patients who suffer a fracture be screened with a Bone Mineral Density (BMD) test or be prescribed medication to treat or prevent osteoporosis within six months of the fracture.

For our Medicare Advantage female members 67 and older, we are starting a new initiative to align with national guidelines for fracture care.

Physicians with a patient who sustained a fracture will receive a letter from us regarding the treatment plan for the patient. Within six weeks of receiving this letter, our representative will call your practice to discuss



and document the course of treatment you prescribed for this member and offer assistance with any member follow-up. ❖

Reminder: ADHD Guideline Available on Our Website

As a reminder, BCBSMA has reviewed and endorsed the American Academy of Child and Adolescent Psychiatry *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity*.

To access this guideline, log on to bluecrossma.com/provider and click on **Manage Your Business>Manage Patient Care**, then select **ADHD** from the drop-down menu. ❖

Make Fall Prevention Part of Your Practice

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provides actionable information that physicians can use to create individualized care plans for their patients.”

STEADI tool kit at-a-glance

The STEADI tool kit includes:

- ▶ Information about falls
- ▶ Case studies

- ▶ Conversation starters
- ▶ Standardized gait and balance assessment tests
- ▶ Educational handouts about fall prevention for patients and their friends and family. ❖

Resources:

To:	Please:
Download the STEADI tool kit materials	Visit the CDC's website at cdc.gov . Click on Injury, Violence & Safety>Falls Among Older Adults>STEADI Tool Kit for Health Care Providers .
Get a recording of the webinar	Log on to bluecrossma.com/provider and click on Resource Center>Training and Registration>Course List , then select Preventing Falls: A Provider Toolkit

Pharmacy Update

Requesting Prior Authorizations for Short-acting Opioids

Last July, we launched an opioid management program to reduce the risks of addiction and diversion of prescription opioid drugs while facilitating high-quality care for our members. As part of this program, a member can receive two short-acting opioid prescriptions (for up to a 15-day supply) within 60 days before prior authorization (PA) is required.

For an explanation of the PA process, please visit bcbsma.com/medicalpolicies and search for our medical policy on opioids using either the policy number **102** or the key word **Opioid**.

If you wish to request authorization beyond the two 15-day prescriptions in 60 days, we recommend using the PA form at the end of policy 102. Please

complete all fields; they include elements of evidence-based quality opioid prescribing that must be met, including:

- ▶ The existence of a treatment plan, including a clear diagnosis, explicit goals, and exploration of other treatment options.
- ▶ The use of informed consent and a formal assessment of addiction risk.
- ▶ The completion of a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances.
- ▶ A prescribing group and the use of one pharmacy or pharmacy chain by the patient have been agreed upon.

You do not need to request PAs for members with cancer, long term opioid use, and those who are at end of life.

We encourage you to use ExpressPath, our web-based tool to submit opioid PA requests. Express Path allows you to submit prior authorization and formulary exception requests, quality care dosing overrides, and authorization renewals for commercial members 24 hours a day, 7 days a week. For information about how to register, submit requests, and check the status of your requests, please log on to bluecrossma.com/provider, click on **Technology Tools**, scroll down to ExpressPath, and click on learn more.❖

Office Staff Notes

Get Information About Your Reimbursement Online

Are you looking for online remittance information including check details? PaySpan, our online payment and remittance program, can help. Users can search PaySpan for online remittances and information for reconciliation, including check numbers.

The easiest way to search PaySpan for detailed check information is to search by claim number.

PaySpan allows secure electronic funds transfer (EFT) or direct deposit payments at no cost to providers.

If you are not yet registered, we encourage you to do so today. Log on to bluecrossma.com/provider and click on **Technology Tools> Go to PaySpan Health**.❖

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.❖

Office Staff Notes

An Easier Way to Submit Your Claims

Are you still submitting claims using InfoDial® or paper claim forms? We are pleased to offer a better alternative—Direct Data

Entry (DDE), available through Online Services. This free tool is ideal for small and mid-size practices. Online Services can be used

to submit any professional CMS-1500 claims when BCBSMA is the primary payer and no supplemental documentation is required. ❖

To:	Please:
Learn more about DDE, view our online tutorial, or download our Quick Tips for registering and submitting claims	Log on to bluecrossma.com/provider and select the link in the “Direct Data Entry for Professional Claims” box on the right-hand side of the page.
Register for BlueLinks for Providers	Go to bluecrossma.com/provider and click on the blue box labeled Register Now .
Contact us with questions	Call 1-800-771-4097, option 4 , M-F, 8 am-4 pm, or email us at provider.self.service@bcbsma.com .

How to Submit Address and Telephone Number Changes to Us

Having your accurate address and telephone information on file is important so that we can provide the most up-to-date information to our members through our provider directories.

If you are an individual provider and are planning a change to your primary site address, billing address, or telephone number, you must:

- ▶ Update your recredentialing application through the CAQH website at caqh.org, and

- ▶ Submit a *Change of Address Form* to our Provider Enrollment area.

For the “Primary Telephone Number,” please indicate the number your patients would call to schedule an appointment. All changes must be submitted to us in writing.

Important: Please complete a *Contract Update Form* if you are affiliated with a group and you are:

- ▶ Leaving a group practice/location
- ▶ Joining a different group
- ▶ Adding a secondary site.

To access either the *Change of Address Form* or *Contract Update Form*, log on to bluecrossma.com/provider and click on **Resource Center>Forms>Administrative Forms**. Then select the appropriate form for your provider type.

Complete all fields on the form and fax it to the number listed on the form. Please do not use the CMS-1500 claim form to notify us of address changes. ❖

Provider News Going Paperless in 2013

Through our Environmental Impact program, BCBSMA seeks to improve the health of the communities where we live and work by measuring and reducing our corporate environmental footprint. That’s why we are actively working to reduce our paper and energy use.

As part of this commitment, starting later this year, we will no longer print and mail *Provider*

Focus. Instead, we’ll provide news and updates on our provider website and via email.

By eliminating our provider newsletters, we can annually:

- ▶ Save approximately 1,472 trees
- ▶ Reduce carbon dioxide emissions by 343,000 pounds, equal to taking 31 cars off the road
- ▶ Avoid creating 117,000 pounds (4 garbage trucks full!) of waste.

To learn more about our Environmental Impact program visit bluecrossma.com/visitor and click on **Corporate Citizenship>Corporate Citizenship Approach>Environmental Impact**.

We will provide more details on this exciting change in the coming months. ❖

Office Staff Notes

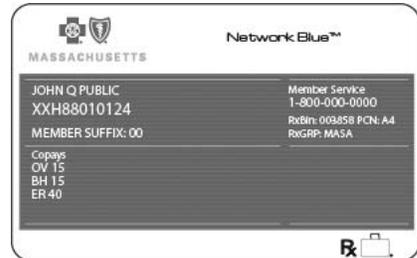
Reminder: Review Your Patient's Most Recent Identification Card Before Filing Claims

Before submitting claims, be sure to ask for the patient's most recent Blue Cross identification card to verify insurance information. Verifying the identification number, including the three-character alpha prefix in the first three positions of the member ID number, will ensure that claims are processed accurately and in a timely manner.

As we reported in our December *Provider Focus*, many members have recently received new identification cards. We will continue to distribute updated cards through 2013.

To learn more about the member ID cards, please refer to our *Member ID card Quick Tip*. Log on to bluecrossma.com/provider and select **Resource Center>Admin Guidelines & Info>Quick Tips**.

Best Practice: When a patient comes in for an appointment, always ask for the most recent version of the member identification card. Take a photocopy of the ID card for your records and remember to share it with your billing office. ❖



BlueLinks Account Spring Cleaning

It's important to keep your BlueLinks account information up-to-date. This will ensure that you receive the most important updates from us. It is also required by the terms of use you agreed to when you registered.

If you are a:	Please:	By logging on to bluecrossma.com/provider and selecting:
Registered user	Update or verify your email address	Manage My Profile>Edit My Profile.
Administrative user*	▶ Delete users no longer working in your office	Manage My Profile>Manage Users. Select checkbox for users no longer working in your office, then click “Remove Selected” button.
	▶ Delete pending users who have been on your list for more than 30 days	Manage My Profile>Manage Users. Select checkbox for pending users (listed as pending in User Name column), click “Remove Selected” button. Be sure to review all pages of listed users.

*To verify that you are an administrative user, log on to bluecrossma.com/provider. Under **Manage My Profile**, look for the **Administration** header. ❖

Providerfocus

ROUTING BOX

Date received: _____

Please route to:

- Office manager
- Physician
- Nurse
- Billing manager
- Billing agency
- Receptionist
- Other: _____

At Your Service

▶ **BlueLinks for Providers**

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 & Credentialing Services:

Reach your Network Manager or inquire about contracting and credentialing issues (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.

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