BlueCross BlueShield of Illinois

BlueREVIEW

FOR CONTRACTING INSTITUTIONAL AND PROFESSIONAL PROVIDERS

SEPTEMBER 2012

WHAT'S INSIDE?

Flu Vaccination Reminder

Flu season in the United States can typically last from October to May. Given the fact that some people, including older individuals, children and those with certain health conditions are at high risk for serious flu complications, the Centers for Disease Control and Prevention (CDC) recommends yearly influenza vaccination for individuals 6 months of age and older. In adults and older children, one dose of influenza vaccine is needed while some children younger than 9 years of age may need two doses of vaccine to be protected for the season.

We encourage you to communicate to your patients the importance of receiving an annual flu shot. For additional information on influenza, visit the CDC website at cdc.gov/flu.

Introduction to Risk Adjustment

BACKGROUND: WHAT IS RISK ADJUSTMENT?

Risk Adjustment identifies the differences in health care risk among specific patients, which results in the ability to compare care and cost performance fairly. A critical element of the Affordable Care Act (ACA), which is slated to begin in 2014, Risk Adjustment is intended to help assure the long-term success of the law's new health insurance Exchanges.

Risk Adjustment compensates insurers offering plans in the individual and small-group markets inside and outside the Exchanges for the risks they accept related to the individuals they enroll. Risk Adjustment makes it possible to understand the illness burden each provider is managing, enabling a fairer comparison of performance across health care providers.

The use of severity-of-illness measures, such as diagnoses, to estimate the health risk (measurable or predictable health care cost expenditures) to which a patient is subject is a consistent, scientific approach to quantifying and measuring risk. It also allows comparison of quality outcomes and cost performance in the context of the specific patient health risks managed across health care organizations (hospitals, insurers) and communities.

HISTORY OF RISK ADJUSTMENT

Risk Adjustment was initially introduced in 1997, when it was incorporated into Medicare policy via the Balanced Budget Act to pay Medicare Advantage Plans more accurately for the predicted health cost expenditures of members by adjusting payments to health plans based on demographics (age and gender), as well as health status.

In 2006, Medicare began offering an outpatient prescription drug benefit under the Part D program. Individual Medicare beneficiaries could sign up for benefits administered by private health plans offering either stand-alone drug benefits, i.e., Prescription Drug Plans (PDPs), or obtain prescription drugs through a Medicare Advantage Prescription Drug (MAPD) program. In either case, Medicare now pays private plans a prospective payment for each Part D beneficiary, adjusted for each enrollee's disease burden as determined by a risk score.

It was not until March 23, 2010, however, that Risk Adjustment was proposed for measuring illness burden in the non-Medicare population as part of the Exchanges when the Patient Protection and Affordable Care Act (PPACA) was signed into law. The technical details of the law are slowly being released from the Department of Health and Human Services (HHS), beginning with the publishing of the Final Rule in March 2012.

(continued on page 2)

PPO Provider Credentialing Continues...

PPO providers who may need to be credentialed at this time include independently contracted physicians (M.D., D.O.), physician assistants, advanced practice nurses, chiropractors, podiatrists, audiologists, optometrists, all behavioral health providers and certified nurse midwives.

It is important to take the necessary steps to maintain your PPO network status. On page 4 of our August 2012 *Blue Review*, we featured an article designed to help you determine whether or not you need to take action, along with why and how.

Welcome letters are being sent with instructions on how to proceed. Please note that the credentialing process can take time to complete. Therefore, if you receive a letter, it is important to respond without delay.

Now the process is even easier. The Council for Affordable Quality Healthcare, Inc. (CAQH®) will now be accepting provider supporting documents (i.e., Authorization Attestation and Release forms, Professional Liability Insurance Policy Face Sheets, DEA Certificates, etc.) via email. Providers will be able to email electronic copies of their supporting documents directly to CAQH at Supportingdocsupd@acsgs.com. If you have any questions, please contact the CAQH Help Desk at 888-599-1771 or send an email to caqh.updhelp@acsgs.com.

For additional details, visit the Network Participation/Credentialing section of our Provider website at *bcbsil.com/provider*.

The Council for Affordable Quality Healthcare, Inc. (CAQH) is a not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services, including the Universal Provider Datasource.

Introduction to Risk Adjustment

(continued from page 1)

WHAT WILL RISK ADJUSTMENT MEAN TO YOUR PRACTICE?

It is business as usual. However, there is the need for a heightened awareness of the important role you play in ensuring that the increased specificity in medical record documentation exists and that it will support the coding on claim or encounter data that your practice submits. The reported diagnoses should follow industry-coding guidelines for conditions that are **M**onitored, **E**valuated, **A**ssessed or **T**reated ("MEAT").

AUDITS OF MEDICAL RECORDS

Payer risk scores and the source data, as well as your submitted claims and encounter data will be audited to confirm accuracy. In turn, audits of medical records and your clinical documentation will be required to validate coding accuracy.

YOU CAN IMPACT YOUR RISK SCORES

You can take the appropriate actions to evaluate the quality of your clinical documentation and accuracy of the reported translated codes, as follows:

- Clearly document the clinical details of your care including the underlying reason (diagnosis) for the care and/or medications, along with the date, time and your clinical credentials
- Record all clinically relevant diagnoses under evaluation and ongoing treatment: acute, acute on chronic and chronic conditions; a single diagnosis code may not reflect the complete clinical picture
- Ensure that diagnoses are clearly documented in the medical record; they should not be inferred from physician orders, nursing notes, lab or diagnostic test results
- Consider ongoing training and education to ensure accurate coding, whether you code the diagnoses yourself or your designee reads your documentation and codes for you

THE OTHER "RS"

Reinsurance and Risk Corridors, two of the other programs that ACA has established, are also designed to help ensure that payers compete based on quality and service rather than risk selection. The goal of these programs is to reduce uncertainty that could increase premiums when Affordable Insurance Exchanges begin operating in 2014.

- **Reinsurance** is a transitional program established in each state to help stabilize premiums for individuals with higher cost needs who obtain insurance coverage during the first three years (2014 through 2016) of Exchange operation. All health insurance payers, self-insured group health plans and third-party administrators on their behalf will make contributions to support reinsurance payments to individual market issuers that cover individuals with high medical costs.
- **Risk Corridors** are designed to protect against the uncertainty in rate setting during the first three years of the Exchanges by creating a mechanism for sharing risk between the federal government and qualified health plan payers. In general, the risk corridors are temporary financial "bumpers," reducing the potential financial impact extremes an issuer may experience by providing a government subsidy if an issuer's losses exceed a certain threshold and similarly limiting an insurer's gains if gains exceed a certain threshold, by requiring issuers to pay the government.

Although Risk Adjustment guidelines are not yet finalized, providers should begin preparing for compliance with risk adjustment standards. Blue Cross and Blue Shield of Illinois (BCBSIL) will work with independently contracted providers to help support the long-term success of health care reform. In keeping with this, and in order to create an open communication channel with our providers, BCBSIL recently conducted a focus group on the topic of Risk Adjustment to solicit input and insight from our network providers. A sample provider Risk Adjustment score card was introduced to the focus group to review and provide feedback. Feedback obtained will be utilized to enhance prototype score cards and data sharing with our providers in support of the transition to the 2014 Exchange environment and future risk adjustment based contracts.

Please watch the News and Updates section of our Provider website at *bcbsil.com/provider* and the *Blue Review* for additional information, announcements and links to related resources.

NEW ACCOUNT GROUPS

Group Name	Group Number	Alpha Prefix	Product Type	Effective Date
Apex Clearing	P40702	XOF	PPO (Portable)	Sept. 1, 2012
Beelman Truck Co	P43140	XOF	PPO (Portable)	Aug. 1, 2012
Crusader Community Health	P50040	XOF	PPO (Portable)	Sept. 1, 2012
FDL/FWL Logistics	P78088 P78089-90	XOF XOF	BlueEdge PPO/HSA (Portable) PPO (Portable)	Sept. 1, 2012
Fidelitone, Inc.	P78091 P78092-93	XOF XOF	BlueEdge PPO/HSA (Portable) PPO (Portable)	Sept. 1, 2012
Interlake Mecalux, Inc.	P43157 P43158 B42920	XOF XOF XOH	PPO (Portable) BlueEdge PPO/HSA (Portable) BlueAdvantage HMO	Sept. 1, 2012
Nalbach Companies	B41701 P41793	XOH XOF	BlueAdvantage HMO PPO (Portable)	Aug. 1, 2012
Williamson County Government	P36960	XOF	PPO (Portable)	Aug. 1, 2012
Zenith American Solutions	P38688 P38683-84	XOF XOF	PPO (Portable) BlueEdge PPO/HSA (Portable)	Aug. 1, 2012
Zensar Technologies	P38147 P38149	TZC TZC	PPO (Portable) BlueEdge PPO/HSA (Portable)	Aug. 1, 2012

NOTE: Some of the accounts listed above may be new additions to BCBSIL; some accounts may already be established, but may be adding member groups or products. The information noted above is current as of the date of publication; however, BCBSIL reserves the right to amend this information at any time without notice. The fact that a group is included on this list is not a guarantee of payment or that any individuals employed by any of the listed groups, or their dependents, will be eligible for benefits. Benefit coverage is subject to the terms and conditions set forth in the member's certificate of coverage.

Medicare Part D Pharmacy Updates:

Second Quarter 2012 Formulary Changes

The Pharmacy Program/Medicare Part D Updates section of our website at *bcbsil.com/provider* includes articles that are intended to help keep you up-to-date on Medicare Part D issues such as formulary changes, FDA safety updates, Part D Gap strategies, overlapping coverage between Part B and Part D drugs and more.

Last month, we added the *Second Quarter 2012, Medicare Part D Formulary Updates* to our online library. This article includes a **summary table** of some of the more important BCBSIL Medicare Part D Formulary changes that may be of interest to you.

In addition to viewing a summary of recent formulary changes on the BCBSIL website, you may follow the instructions below to visit Prime Therapeutics' "MyPrime" website for a complete listing, along with other Medicare Part D formulary information for your BCBSIL patients.

1. Go to https://www.myprime.com
2. Click on **Find Drugs & Estimates**
3. Under "Select Your Health Plan," choose **BCBS Illinois** from the dropdown menu
4. Under "Medicare Part D Member," select **Yes**
5. Under "Select Your Health Plan Type," select **BlueMedicareRx (PDP)**
6. Conduct a search by individual drug name, or scroll down to view Forms & Related Information (e.g., Comprehensive Formulary, Formulary Updates, Prior Authorization Criteria/Form, How to File a Grievance, Evidence of Coverage, Transition Policies and more)

Prime Therapeutics LLC is a third-party pharmacy benefit management company. BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

From the Medical Director's Library

David W. Stein, M.D., offers the following message and reading selection for September:

The important article selected for this month is an astute overview of a major problem-readmission for heart failure. The article is "Rehospitalization for Heart Failure: Predict or Prevent?," by Desai, A.S and Stevenson, L.W. (Circulation 2012;126:501-506).

Despite improved outcomes in heart failure with medical therapy, readmission rates exceed 50 percent within six months of discharge. While there are numerous clinical predictors, it is hard to assemble a risk model for readmission that is robust and actionable.

The authors present a three-phase strategy for preventing readmissions and redesigning the approach with an integration of active ambulatory intervention with the medical home.

The above article is for informational purposes only. The views and opinions expressed in this article are solely those of the authors, and do not represent the views or opinions of BCBSIL, Health Care Service Corporation, its medical directors or Dr. Stein.

On Track with ACA: Affordable Care Act Updates

Women's Preventive Services

The Affordable Care Act (ACA), enacted on March 23, 2010, has created many opportunities for health care providers to deliver effective and efficient patient care. Preventive services are meant to improve patient outcomes and lower health care costs by reducing or eliminating the occurrence of certain illnesses and medical conditions. Under ACA, patients may have access to many preventive services with no cost-sharing.

With the coverage provided by ACA, a number of new preventive services for women will be covered with no cost-sharing on or after Aug. 1, 2012, when using a provider in their plan/policy network.

BACKGROUND

On Aug. 3, 2011, federal regulatory agencies published regulations requiring that certain preventive services for women be provided without cost-sharing as part of guidelines supported by the Health Resources and Services Administration (HRSA). For non-grandfathered plans, the new regulations expand the coverage of women's preventive services under ACA.

The guidelines supported by the HRSA include the following types of services:

- Well-woman visits
- Screening for gestational diabetes
- Testing for HPV in women at least 30 years old
- Counseling for sexually transmitted infections
- Screening and counseling for HIV
- U.S. Food and Drug Administration (FDA) approved contraception methods and counseling
- Breastfeeding support, supplies and counseling
- Interpersonal and domestic violence screening and counseling

WOMEN'S PREVENTIVE COVERAGE

Under ACA, certain preventive health services are covered with no patient cost-share – there is no copayment, coinsurance or deductible – when using a provider in the plan/policy network.

Depending on the particular plan, coverage may be provided for the following types of services without cost-sharing when using a network provider:

- Chlamydia infection screening
- Gonorrhea and syphilis screening
- Counseling about genetic testing for breast cancer
- Counseling to help stop use of tobacco products
- Screening for diabetes for persons with high blood pressure
- Osteoporosis (bone density) screening
- Cholesterol screening based on age and individual risk factors
- Colorectal cancer screenings
- Screen and counseling for alcohol misuse
- Use of folic acid to promote health
- Use of aspirin to prevent heart disease
- Health counseling to include nutrition and weight management
- Immunizations:
  - Hepatitis A and B
  - Human Papillomavirus (HPV)
  - Influenza (Flu)
  - Measles, mumps, rubella
  - Meningococcal (Meningitis)
  - Pneumococcal (Pneumonia)
  - Tetanus, Diphtheria, Pertussis
  - Varicella (Chickenpox)
  - Zoster

For pregnancies, coverage may also be provided for the following types of services without cost-sharing when using a network provider:

- Anemia screening for iron deficiency
- Syphilis screening
- Hepatitis B screening
- Blood testing for Rh incompatibility
- Urinary tract infection screening
- Breastfeeding education

CONTRACEPTIVES

Depending on the particular plan, coverage without cost-sharing may expand to include contraceptive services when using a network provider:

- Prescription – One or more products within the categories approved by the FDA for use as a method of contraception
- Over-the-counter – Contraceptives available over-the-counter approved by the FDA for women (foam, sponge, female condoms) when prescribed by a physician
- The morning after pill
- Medical devices such as IUD, diaphragm, cervical cap and contraceptive implants
- Female sterilization*

*Certain restrictions may apply. Hysterectomies are not considered part of the women's preventive care benefit.

BREASTFEEDING

Services provided without cost-sharing may expand for breastfeeding services when using a network provider, subject to terms and conditions of coverage:

- Breastfeeding support and counseling by a trained network provider while pregnant and/or during postpartum period
- Breastfeeding specialist/nurse practitioner with state-recognized certification who is in the plan/policy provider network
- Manual breast pump*

*Electronic and hospital-grade pumps may not be covered with no cost-sharing.

For more details on the coverage of preventive services without cost-sharing, visit the Affordable Care Act Resource Center on our website at *bcbsil.com/affordable_care_act*.

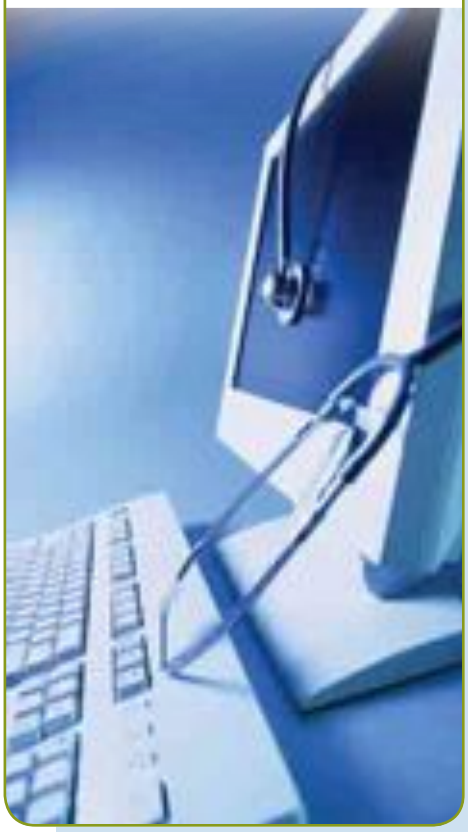
This information is for informational purposes only, does not constitute legal or other advice, and should not be relied upon to determine coverage.

Fairness in Contracting

In an effort to comply with fairness in contracting legislation and keep our independently contracted providers informed, BCBSIL has designated a column in the *Blue Review* to notify you of any significant changes to the physician fee schedules. Be sure to review this area each month.

Effective Sept. 1, 2012, the following codes were updated: 90654-90658, 90660, 90662 and Q2034-Q2038.

The information above is not intended to be an exhaustive listing of all the changes. Annual and quarterly fee schedule updates can also be requested by using the Fee Schedule Request Form. Specific code changes that are listed above can also be obtained by downloading the Fee Schedule Request Form and specifically requesting the updates on the codes listed in the *Blue Review*. The form is available in the Education and Reference Center/Forms section of our Provider website at *bcbsil.com/provider*.



Enhancements to ClaimsXten™ Code Auditing Tool

BCBSIL will implement a new version and new rules to the ClaimsXten code auditing tool into our claim processing system beginning on or after Dec. 10, 2012.

For updates on the ClaimsXten implementation and other BCBSIL news, programs and initiatives, refer to the BCBSIL Provider website at *bcbsil.com/provider*. Additional information also may be included in upcoming issues of the *Blue Review*.

ClaimsXten is a trademark of McKesson Information Solutions, Inc., an independent third-party vendor that is solely responsible for its products and services.

Provider Learning Opportunities

BCBSIL WEBINARS AND WORKSHOPS

Below is a list of complimentary webinars and workshops sponsored by BCBSIL.

For webinar and workshop details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at *bcbsil.com/provider*.

WEBINARS		
Electronic Refund Management (eRM)	Sept. 5 2012 Sept. 12, 2012 Sept. 19, 2012 Sept. 26, 2012	All sessions: 2 to 3 p.m.
ICD-10 *This month's webinars will introduce you to the process for building your project team and the project phases leading to successful implementation of ICD-10.*	Sept. 6, 2012 - 1 to 2:30 p.m. Sept. 7, 2012 - 10 to 11:30 a.m. Sept. 11, 2012 - 11 a.m. to 12:30 p.m. Sept. 12, 2012 - 2 to 3:30 p.m. Sept. 13, 2012 - 10 to 11:30 a.m.	
WORKSHOPS FOR ALL PROVIDERS		
Availity® and RealMed® Learning Session Stoney Creek Inn 101 18th St. Moline, IL	Sept. 19, 2012	Session 1 (Beginner) Registration: 9:30 to 10 a.m. Session: 10 a.m. to noon Session 2 (Advanced) Registration: 1:30 to 2 p.m. Session: 2 to 4 p.m.
Availity and RealMed Learning Session Hilton Springfield, 700 E. Adams St. Springfield, IL	Sept. 26, 2012	Session 1 (Beginner) Registration: 9:30 to 10 a.m. Session: 10 a.m. to noon Session 2 (Advanced) Registration: 1:30 to 2 p.m. Session: 2 to 4 p.m.
Availity and RealMed Learning Session Eastland Suites & Conference Center, 1801 Eastland Dr. Bloomington, IL	Oct. 10, 2012	Session 1 (Beginner) Registration: 9:30 to 10 a.m. Session: 10 a.m. to noon Session 2 (Advanced) Registration: 1:30 to 2 p.m. Session: 2 to 4 p.m.
WORKSHOPS FOR BEHAVIORAL HEALTH PROVIDERS ONLY		
Availity and RealMed Learning Session Linden Oaks Outpatient Center 1335 N. Mill St. Naperville, IL	Oct. 17, 2012	Registration: 9 to 9:30 a.m. Session: 9:30 a.m. to noon

Availity is a registered trademark of Availity, L.L.C. RealMed is a registered trademark of RealMed Corporation, an Availity Company. Availity, L.L.C. and RealMed Corporation are independent third party vendors and are solely responsible for their products and services. BCBSIL makes no representations or warranties regarding any of these vendors. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.

2012 Updates to the BCBSIL Preventive Care and Clinical Practice Guidelines

BCBSIL Preventive Care Guidelines and Clinical Practice Guidelines are available in the HCM Quality Improvement Policy and Procedure section of the BCBSIL Provider Manual, which is located in the Standards and Requirements section of our Provider website at *bcbsil.com/provider*.

The Preventive Care Guidelines are based upon recommendations from entities such as the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP), the American Cancer Society (ACS) and the American Academy of Pediatrics (AAP). The guidelines reference the source of each recommendation.

In 2012, the childhood and adult immunization schedules were updated to current recommendations of the ACIP. Other changes included an update to the cervical cancer screening guidelines and the addition of new USPSTF guidelines on counseling adolescents and young adults who have fair skin about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer.

Clinical practice guidelines are reviewed at least every two years. Guideline sources are reviewed annually, and updates are made sooner than every two years if there have been substantive changes to the sources on which the guidelines are based. BCBSIL clinical practice guidelines and the sources upon which they are based include:

Guideline	Guideline Source
Treating Tobacco Use and Dependence	• U.S. Public Health Service
Diagnosis and Management of Asthma	• National Asthma Education and Prevention Program
Prevention and Early Detection of Complications of Diabetes Mellitus	• American Diabetes Association
Diagnosis and Treatment of Patients with Depression in the PCP Setting	• American Psychiatric Association • Institute for Clinical Systems Improvement
Heart Failure in the Adult	• American Heart Association
Primary and Secondary Prevention of Atherosclerotic Cardiovascular Disease	• American Heart Association • American College of Cardiology Foundation
Screening Adults for Depression	• U.S. Preventive Services Task Force

New Clinical Guidelines for Radiology Effective Nov. 1, 2012

AIM Specialty Health℠ (AIM®) has developed a set of proprietary diagnostic imaging guidelines, based on a review of current medical literature and information obtained from major medical organizations. These clinical guidelines may be accessed via AIM's website at aimspecialtyhealth.com.

Please note that AIM has completed its 2012 Clinical Guideline Review Process and has implemented several enhancements. An email notification from AIM was sent regarding clinical guideline changes that will become effective Nov. 1, 2012. For additional information, refer to AIM's website at aimspecialtyhealth.com.

IN THE KNOW

ICD-10 Webinars in September

This month, BCBSIL is continuing its series of ICD-10 webinars for providers. These complimentary online sessions offer you an opportunity to learn more about preparing for ICD-10, with a focus on the steps required for transitioning your practice or organization.

Our September webinars will introduce you to the selection process you should follow to build your project team and will review the various project phases to be completed for successful implementation. Please see the Provider Learning Opportunities on page 6 for September webinar dates, times and online registration instructions.

Additional information, such as our ICD-10 Provider Readiness Assessment Survey, is available in the Standards and Requirements/ ICD-10/Related Resources section of our website at *bcbsil.com/provider*.

Blue Review is a monthly newsletter published for Institutional and Professional Providers contracting with Blue Cross and Blue Shield of Illinois. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at *bcbsil.com/provider*.

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

BLUE REVIEW
Blue Cross and Blue Shield of Illinois
300 E. Randolph Street – 24th Floor
Chicago, Illinois 60601-5099
Email: *bluereview@bcbsil.com*
Website: *bcbsil.com/provider*

Publisher:
Stephen Hamman, VP, Network Management

Editor:
Gail Larsen, DVP, Provider Relations

Managing Editor:
Jeanne Trumbo, Sr. Manager, Provider Communications

Editorial Staff:
Margaret O'Toole, Marsha Tallerico and Allene Walker