BLUE REVIEW℠
A Provider Publication

**JULY 2022**

## NOTICES & ANNOUNCEMENTS

### COVID-19 Provider Preparedness Updates

Check for continuing updates to our COVID-19 Preparedness, COVID-19 Provider Information for ERS Participants and COVID-19-related news on our News and Updates page.

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### Provider Satisfaction Survey 2022

Building a strong network of providers and working with you to serve our members is important to us. To support this effort, we survey a random sample of providers each year. The **Provider Satisfaction Survey** measures your satisfaction with Blue Cross and Blue Shield of Texas and identifies areas where we can improve.

**How it works:** SPH Analytics (SPH) will administer this year's survey between **June and August**. If selected to participate, **SPH will contact you** via **email, mail or phone.**

- SPH will send out **email survey invitations** to selected providers with email addresses. These invitations will be followed by a **printed survey.**
- The survey will also be available online at the web address provided on the mailed survey.
- If no response from email or mail, SPH will reach out by phone.
- The physician, nurse, office manager or other qualifying staff may complete the survey.

We look forward to your feedback.

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## PEAQ℠ Provider Performance Insights (PPIs) Available in August 2022

The PEAQ program measures a physician's performance around efficiency, appropriateness and quality to achieve more optimal patient outcomes and effective care delivery. Physicians that meet inclusion requirements are provided with reports that show how their performance compares to peers' performance within the same geographic location and working specialty. All Texas providers practicing within the PEAQ working specialties and report timeframe are considered in PEAQ.

Provider Performance Insights (PPIs) will show how a physician was evaluated and where they rank in comparison to peers. PPIs will also include actionable insights to improve future performance. Blue Cross and Blue Shield of Texas initially developed PEAQ with input from practicing physicians and will continue to collaborate with physicians to improve the program. The methodology that corresponds to the PPIs can be found here.

In August 2022, qualified providers in the following specialties will be notified that PPI PDFs can be viewed on Availity®:

| Medical | Surgical | Primary Care |
|---|---|---|
| Cardiology | Cardiothoracic Surgery | Family Medicine |
| Endocrinology | Ophthalmology | Internal Medicine |
| Gastroenterology | Orthopedic Surgery | Pediatrics |
| Nephrology | Urology | |
| Pulmonary | Vascular Surgery | |
| Rheumatology | | |
| Obstetrics/Gynecology | | |

**Important note:** PPIs can only be viewed via Availity. If you are not already a registered Availity user, you can go to Availity and sign up or contact Availity Client Services at **1-800-282-4548**.

For more information, visit the BCBSTX PEAQ page.

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## Importance of a Great Discharge Summary

Physicians and other practitioners need to know the details about the care a patient receives during an inpatient hospital stay. Discharge summaries are an invaluable resource that may improve patient outcomes by providing for continuity and coordination of care and a safe transition to other care settings and providers.

Communications via the discharge summary provides a smooth and long-lasting transition of the patient to the next level of care and avoids miscommunication or delays in care that may lead to poor outcomes.

Provider Survey Results: The Blue Cross and Blue Shield of Texas (BCBSTX) Provider Satisfaction Survey includes questions about PCPs' satisfaction with hospital discharge summaries. In 2021, we saw an overall decrease in the results compared to 2020. The greatest decrease was in the overall satisfaction with continuity of care and the timeliness of receiving hospital discharge summaries. Of the summaries received, adequate information about medications at discharge still met the goal of 85% even with the slight 2 percentage point decrease. The results demonstrate opportunities for improvement, most importantly making sure the PCP receives a discharge summary.

**BCBSTX Provider Satisfaction Survey – Hospital Discharge Summary Feedback**

| **Survey Questions** | **Goal** | **2020** | **2021** |
|---|---|---|---|
| Overall satisfaction with continuity of care | 85% | 79% | 73% |
| When you receive hospital discharge information, does it contain adequate information about medications at discharge? | 85% | 90% | 88% |
| When you receive hospital discharge information, does it reach your office within a *timely* manner *(within 10 business days)*? | 85% | 82% | 78% |
| When your patients are admitted to a hospital, are you sent summary information after the discharge? | 85% | 66% | 64% |

**Improving the Discharge Process**: In an effort to improve the exchange of patient information between health care settings and practitioners responsible for follow-up care, CMS has implemented the Interoperability and Patient Access Rule that went into effect in 2021. This electronic event notification is critical in avoiding miscommunication or delays in care while providing patients better access to their medical information and being better informed. More information can be found on:

- CMS 9115-F Interoperability and Patient Access Final Rule Compiled FAQs (PDF)

We applaud practitioners that have adopted a structured approach to discharge summaries.

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### Upcoming CMS Risk Adjustment Data Validation (RADV) Medical Records Request

Beginning July 2022, you may receive a request for medical records from the Blue Cross and Blue Shield of Texas IVA Team. As a provider, your role is essential to the Affordable Care Act (ACA) Risk Adjustment (RA) program with The Centers for Medicare and Medicaid Services (CMS). If your patients are selected to be included, Blue Cross and Blue Shield of Texas (BCBSTX) requests your complete cooperation and commitment in fulfilling the requirements of the (CMS)-mandated risk adjustment chart review.

The BCBSTX IVA Team will begin outreaching to providers in early July to inquire and follow up regarding medical records request sent at the end of June. We understand this is a very busy time and appreciate your compliance with CMS requirements and timely delivery of the requested medical record(s).

**Didn't I already provide these records?** The BCBSTX IVA Team makes every effort to locate medical records previously submitted before sending new requests.
Medical records are requested throughout the year for many different purposes. Please review this timeline of all major medical record request projects in 2022.

**For more information**: please contact your local Provider Network Consultant (PNC) or email the BCBSTX Texas IVA team.

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## CLAIMS & ELIGIBILITY

### New Online Option to Confirm Medical Record Receipt Status

Providers no longer need to call Blue Cross and Blue Shield of Texas (BCBSTX) to confirm receipt of medical records for claim processing. We recently implemented a new application in our BCBSTX-branded Payer Spaces section via Availity Essentials for you to verify receipt of medical records for claims submitted by mail or faxed. This new functionality is just the first iteration of more enhancements coming soon!

**Steps to confirm medical record receipt status online:**

1. Log into Availity Essentials
2. Select *Payer Spaces* from navigation menu and choose *BCBSTX*
3. Select *Medical Record Status Viewer* from the Applications tab
4. Enter the *required data elements* and click *View Medical Record Status*
5. Response specifies if the medical records were received by BCBSTX

**For More Information**
Watch for the instructional **Medical Record Status Viewer User Guide** coming soon to the *Provider Tools* section of our website. Refer to upcoming *Blue Review* publications as well as *News and Updates* articles to gain knowledge of future enhancements. If you need further assistance, you can email our Provider Education Consultants.

**Don't have an Availity Essentials account?** You can register today by going to Availity or contact Availity Client Services at **1-800-282-4548**.

***This information is not applicable to Medicare Advantage or Texas Medicaid claims.***

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### Pricing Information to Display Starting in July

As we informed you in November, the Transparency in Coverage Final Rule requires health insurers and some employers to publicly display certain health care price information via machine-readable files on their websites beginning July 1, 2022. These machine-readable files will include negotiated rates with in-network providers and allowed amounts for out-of-network providers. The files are in a format required by the Centers for Medicare and Medicaid Services.

**What this means for you:**

- These files will include the place of service (POS) code, your federal Taxpayer Identification Number (TIN) and your National Provider Identifier.
- If you're using your Social Security number as your TIN, we encourage you to register for a new TIN and update us through our Demographic Change Form.

More on the Consolidated Appropriations Act and Transparency in Coverage Final Rule.

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## CLINICAL RESOURCES

### Clinical Payment and Coding Policy Updates

The Clinical Payment and Coding Policies on our website describe payment rules and methodologies for CPT, HCPCS and ICD-10 coding for claims submitted as covered services. This information is a resource for our payment policies. It is not intended to address all reimbursement-related issues. We regularly add and modify clinical payment and coding policy positions as part of our ongoing policy review process.

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## HEALTH & WELLNESS

To support quality care, we provide information to providers and members to encourage discussions on health topics. Watch for more on health care quality in our website's News and Updates section and on our Wellness Can't Wait web page.

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### Catch Up on Routine Vaccines and Well-Child Visits

The COVID-19 pandemic continues to disrupt routine childhood immunizations and well-child visits, according to the Centers for Disease Control and Prevention (CDC). The CDC recommends doctors and health care professionals encourage families to **schedule vaccines and visits to help children catch up**. We've created Wellness Guidelines and vaccine information for our members to may help.

**Closing Care Gaps**

To help monitor and improve our members' care, we track these Healthcare Effectiveness Data and Information Set (HEDIS®) measures developed by the National Committee for Quality Assurance:

- **Child Immunization Status** tracks the percentage of 2-year-olds who received by their 2nd birthday a total of four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two flu vaccines.
- **Immunizations for Adolescents** tracks the percentage of 13-year-olds who had one dose of meningococcal vaccine; one tetanus, diphtheria and pertussis (Tdap); and the complete human papillomavirus vaccine (HPV) series by their 13th birthday.
- **Well-Child Visits in the First 30 Months of Life** measures the percentage of children who had six or more well-child visits with a primary care physician during their first 15 months and two or more well-child visits during their next 15 months.

**Tips to Consider**

- Identify members who have missed vaccines or well-child visits. Contact their caregivers to schedule appointment
- Check at each visit for any missing immunizations. Address common misconceptions about vaccines.

- **To document well-child visits,** note that the visit was with a PCP and include in the medical record
    - Date of visit
    - Health history
    - Physical and mental development history
    - Physical exam
    - Health education or anticipatory guidance
- We collect immunization data through claims and chart review. **To document immunizations,** you may include in the medical record any of the following:
    - Certificates of immunizations
    - Diagnostic reports
    - Subjective, Objective, Assessment and Plan (SOAP) notes
    - Office or progress notes

**Resources**

- CDC recommendations on COVID-19 vaccines and boosters for children and teens
- BCBSTX preventive care guidelines on immunization schedules

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## In-Home Test Kits for Colorectal Cancer Screening

We're working with Everlywell to provide in-home test kits this summer to certain Blue Cross and Blue Shield of Texas (BCBSTX) members who need a colorectal cancer screening. Because of the COVID-19 pandemic, many may have delayed getting appropriate care. Everlywell is sending **Fecal Immunochemical Test (FIT)** kits to certain Blue Advantage HMO℠ and MyBlue Health℠ members at no additional charge.

As a trusted provider, you may want to **encourage our members to take advantage of this opportunity to learn more about their health** with a FIT kit**.** In 2021 we provided 33,376 FIT kits to BCBSTX members:

- 5,432 members returned their kits and closed this gap in their care.
- Test results were sent to the members and their primary care physicians (PCPs). 304 kits were abnormal or positive, meaning the sample contained blood when collected.

**Why Use FIT**

The U.S. Preventive Services Taskforce recognizes annual FIT testing for **colorectal cancer screening starting at age 45**.

FIT testing is appropriate screening for people with an average risk for colorectal cancer. Average risk means no family history of colorectal cancer, no personal history of inflammatory bowel disease, no previous polyps and no previous colorectal cancer. When compared to stool DNA tests, FIT kits have fewer false positives, which reduces unnecessary colonoscopies, according to the National Cancer Institute. Unlike stool DNA tests like the Cologuard®, FIT kits require only a swab rather than a stool sample.

**How In-Home Testing Works**

- The in-home testing process is quick and easy for members:
- Everlywell sends the kits to a sample of eligible members who've been identified with a gap in care for colorectal cancer screening. Completing the kit is voluntary.
- The kits don't require fasting, dietary restrictions or preparation. Medications are taken according to members' normal schedule.
- Members complete the test kit at home, provide the name of their PCP and **mail the test for processing to Everlywell by Dec. 31, 2022**. An addressed, postage-paid envelope is included.
- Everlywell sends results to the member and their PCP in three to four weeks.

**How You Can Help**

- Consider discussing the importance of colorectal cancer screening and healthy lifestyle choices with our members. If our member receives a kit and calls your office with questions, **discuss their screening options**.
- Document any test results in the member's medical record and discuss the results with our member.

*Everlywell, formally Home Access Health Corporation, is an independent company that has contracted with BCBSTX to provide laboratory testing services for members with coverage through BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.*

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**MEDICARE ADVANTAGE PLANS**

**Flex and Open Access for Medicare Patients and Providers**

If you're a Medicare provider, you may treat Blue Cross Medicare Advantage Flex (PPO)℠ and Blue Cross Group Medicare Advantage Open Access (PPO)℠ members, regardless of your contract or network status with us. That means you don't need to participate in our Medicare Advantage networks or in in any other BCBSTX networks to see our members. The only requirement is that you accept Medicare assignment and submit the claims to us. Read More

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### Reminder: Help Close Gaps in Care for Group Medicare Advantage Members

If we need medical records for Blue Cross Group Medicare Advantage (PPO) members, you'll receive requests only from BCBSTX or our vendor, Change Healthcare. This is part of the Blue Cross and Blue Shield (BCBS) National Coordination of Care Program so that you won't receive requests from multiple BCBS plans or their vendors. Please respond quickly to our requests, including those related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS®) measures.

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## PRIOR AUTHORIZATION

### Clinical Record Submission Update for Online Prior Authorization Requests

Starting June 18, 2022, the Availity® Essentials Authorizations & Referrals tool will require you to submit clinical attachments only when supporting documentation is necessary for determination. If the option to add attachments is not available during your submission, then clinicals are not required. Additionally, there's no need to fax clinicals for your requested submission.

**Clinical Record Submission Tips**

The following information provides tips to enhance the clinical review process resulting in improved turn-around times for authorization determinations:

- **Initial Acute Inpatient Authorization Request –** Submit clinical documentation which may include tests, labs, and/or diagnostic results to support an inpatient stay meeting medical necessity when **noted online via Availity to Blue Cross and Blue Shield of Texas (BCBSTX) or your preferred web vendor**.
- **Concurrent/Extension Authorization Request –** If an extension is needed, please submit clinical documentation on or before the last authorized day or when requested by BCBSTX or your preferred web vendor.

Please do not resubmit clinical information. If clinicals are needed, BCBSTX will notify the submitting provider within 24 to 72 hours in one or more of the following ways:

- Call from the utilization management team
- Fax or letter regarding the determination or
- Check Availity or your preferred web vendor for real time determination status updates

### Efficiently Submit Clinical Records

Submitting a prior authorization request utilizing Availity Authorizations & Referrals is efficient, offers the ability to verify status of decisions and provides real time online 24/7 access status. Register for Availity Essentials and get timesaving access at no charge. If you need registration assistance, contact Availity Client Services at **1-800- 282-4548.** If you are already a registered Availity user, you do not need to re-register.

Remember to submit clinical documentation **only:**

- If noted on Availity as an initial request/prior authorization/referral need
- If you are requesting or there is a need for a clinical extensions/concurrent review
- If BCBSTX is requesting additional clinical information
- All clinicals must support the request

**How to Access and Use Availity Authorizations & Referrals:**

1. Log in to Availity Essentials
2. Select **Patient Registration** menu option, choose **Authorizations & Referrals**, then **Authorizations**
3. Choose your organization, then select **Payer** BCBSTX or BCBSTX Medicaid
4. Select a **Request Type,** start request and only submit clinical when required
5. Review and submit your request

For more information, refer to the Authorizations User Guide. Providers who do not have online access can call the prior authorization number on back of member ID Card.

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## UTILIZATION MANAGEMENT

### Utilization Management Decisions

We are dedicated to serving our customers through the provision of health care coverage and related benefit services. Utilization Management (UM) determinations are made by licensed clinical personnel based on the:

- Benefits policy (coverage) of a member's health plan
- Evidence-based medical policies and medical necessity criteria
- Medical necessity of care and service

All UM decisions are based on appropriateness of care and service and existence of coverage. We prohibit decisions based on financial incentives, nor do we specifically reward practitioners or clinicians for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

The criteria used for UM determinations are available upon request. You can call the Customer Service or Health Advocate number on the back of the member's ID card.

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## Contact Us

View our quick directory of contacts for BCBSTX.

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## Verify and Update Your Information

Verify your directory information every 90 days. Use the Provider Data Management feature on Availity® or our Demographic Change Form. You can also use this form to submit email addresses for you and your staff to receive the *Blue Review* each month.

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*Checking eligibility, benefit information and/or if a service has been prior authorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.*

*Material presented is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The fact that a service or treatment is described is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.*

*AIM Specialty Health is an independent medical benefits management company that providesutilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).*

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*Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX.*

*Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Primeto provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.*

*Change Healthcare is an independent third-party vendor that is solely responsible for the products orservices they offer.*

*BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors*

*HEDIS is a registered trademark of NCQA.*

*The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificateof coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits.*

*Members should refer to their certificate of coverage for more details, including benefits, limitationsand exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.*

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