

PROVIDER QUICK POINTS

PROVIDER INFORMATION



December 12, 2018

Quality Improvement Information

Better Care Through Quality Improvement

The Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) Quality Improvement Program is committed to excellence in the quality of service and clinical care our members receive and the satisfaction of our network providers. Blue Cross is always monitoring the program to find ways to refine.

Blue Cross Quality Improvement (QI) Program:

- Adheres to Minnesota and CMS program standards.
- Monitors and evaluates the care and services our members receive.
- Conducts studies across the continuum of care and service to ensure ongoing, proactive evaluation and refinement of the program.
- Reflects the demographic and epidemiological needs of the population served.
- Encourages members and providers to recommend improvements.
- Measures our progress to meet annual goals.

Blue Cross wants to share with providers our annual QI program evaluation report. It has Blue Cross goals, processes and outcomes that are related to clinical performance and service satisfaction. Throughout the year, Blue Cross evaluates data trends related to how our members receive health care and preventive care services and compare our findings to national practice guidelines. You - our network physicians and office staff - are key in helping us collect this information and improve our quality performance. Send an email to Quality.Improvement@bluecrossmn.com to request a copy of the QI Program Evaluation.

HEDIS® Season is Here!

The annual Healthcare Effectiveness Data and Information Set (HEDIS) project begins in February. The National Committee for Quality Assurance has set the final deadline as May 9th for collecting HEDIS data. Blue Cross will send medical record requests to applicable providers in early February. Blue Cross appreciates your cooperation and timeliness in submitting the requested medical record information and/or accommodating the onsite appointment.

Did you know medical records can be sent electronically through a secure transfer that Blue Cross can help set up? It's quick and easy. Blue Cross can also review medical records remotely via EMR link access. Please contact Christopher Giddens at (651) 662-3614 or email at Christopher.Giddens@bluecrossmn.com for more information.

Medical records can also be sent by fax or mailed to the plan. In addition, onsite visits are available for providers with more than 20 records to review. If you prefer an onsite visit, Blue Cross will schedule a day and time that is most convenient for your office. Our nurses are required to attach relevant copies of the medical record to the review software to validate their findings. In lieu of making paper copies, we encourage you to allow the abstractor to upload electronic copies to their encrypted USB device.

Continued

Do you ever wonder **WHY** you should participate in this necessary project each year? Here are the top 5 reasons why taking a few minutes to provide information for HEDIS is beneficial:

1. As healthcare providers and administrators, Blue Cross strives for optimum health for our communities and the people we serve. **HEDIS focuses on timely preventive care and results** that support this goal. When we meet our goals, patients are healthier and happier and health care costs are reduced.
2. **Opportunity for contact with the HEDIS staff** to answer questions related to the HEDIS project and quality improvement.
3. Your feedback **helps us identify opportunities to send health care reminders to your patients** on important preventive screenings.
4. As a participating provider, **you have agreed to participate and cooperate** with our quality and audit programs, including providing medical records where needed.
5. Centers for Medicare and Medicaid Services (**CMS**) **requires this information** to ensure quality care is provided to Medicare and Medicaid patients.

For questions or concerns, please contact Lisa Benrud, PhD, Manager of Clinical Quality & Health Outcomes at **(651) 662-6578** or email LisaMarie.Benrud@bluecrossmn.com.

Member Rights and Responsibilities

Blue Cross wants to keep you informed about our members' rights and responsibilities; therefore, they can be found on our website at bluecrossmn.com by entering "member rights" in the search field. If you have any questions or wish to receive a copy in the mail, call provider services at **1-800-262-0820**.

Utilization Management (UM)

UM decision making is based only on appropriateness of care and service and on existing coverage provisions. Blue Cross does not compensate providers, practitioners or other individuals making UM decisions for denial of coverage or services. Blue Cross does not offer incentives to decision makers to encourage denial of coverage or services that would result in less than appropriate care or underutilization of appropriate care and services.

Blue Cross believes that the use of clinical practice guidelines is a key component of Quality Improvement. Each year, Blue Cross' Quality Management Committee approves the adoption of select guidelines that are used to support various programs and initiatives. The guidelines are not a substitute for sound clinical judgment; however, they are intended to assist clinicians in understanding key processes for improvement efforts. Clinical Practice Guidelines are available in Chapter Three of the Blue Cross Provider Policy and Procedure Manual. The manual can be found online at providers.bluecrossmn.com, select "Forms & publications," then "manuals."

Utilization Management Clinical Criteria

Upon request, any Blue Cross practitioner may review the clinical criteria used to evaluate an individual case. Medical and behavioral health policies are available for your use and review on our website at providers.bluecrossmn.com.

Access to Case and Condition/Disease Management Programs

Care Management includes a process for Case (CM) and Condition/Disease Management (C/DM). These programs are intended to increase advocacy, support and education for our subscribers.

The purpose of CM and C/DM is to manage risk and help members regain or maintain optimum health or functional capability. These programs support the practitioner-patient relationship and plan of care, emphasizes the prevention of exacerbation and complications using cost effective, evidence-based practice guidelines and patient empowerment strategies such as education and self-management.

If you would like to determine program eligibility for one of your patients, please contact Provider Services at **(651) 662-5200** or **1-800-262-0820**. For more information regarding CM and C/DM programs, please refer to the Provider Policy and Procedure Manual which can be found online at providers.bluecrossmn.com, select “Forms & publications,” then “manuals.”

Access & Availability Survey

Blue Cross conducted an Access & Availability survey between March and May of 2018. The survey was a random selection of our top 6 medical specialties utilized by members and behavioral health care services. These top 6 specialties were broken into three groups: High Volume, High Impact, and Behavioral Health. High volume specialty care is defined as types of practitioners most likely to provide services to the largest segment of the membership and included OB/GYN and Ophthalmology. In previous years, Orthopedics have been assessed and has proven successful in meeting Blue Cross standards. High impact specialty care was defined as practitioner types that treat conditions that have high mortality and morbidity rates and included Cardiology and Oncology. Behavioral Health services were broken out as either prescribers which included psychiatrists and psychiatric nurse practitioners and non-prescribers, which included psychologists.

2018 was our third year conducting this survey. The results showed that many of the specialties met Blue Cross’ goals and/or showed improvement from 2017 to 2018. However, it also showed that some specialties are still not meeting accessibility requirements and will require additional assessment and follow up. If you would like a copy of the summary of results, please contact Blue Cross at the Quality.Improvement@bluecrossmn.com mailbox.

What does this mean for you? Blue Cross will use these results to identify improvement opportunities to enhance our network capabilities, such as continuing to provide and educate members about online appointment options and continue to improve and optimize internal processes. Blue Cross also sent out letters to those providers who did not meet requirements to work on fixing any identified issues. As a contracted provider you are bound by the appointment accessibility requirements listed in the Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

After-Hours Survey

Blue Cross conducted an After-Hours survey between March and May of 2018. The survey was a random selection of our primary care physicians (PCP) utilized by Blue Cross members. 2018 was our third year conducting this survey. The results showed that 91.8% of the PCP’s surveyed met Blue Cross’ goals in the 2018 survey, this is a 1% improvement from the previous year. However, it also showed that some PCP locations are still not meeting After-Hours requirements and will require additional assessment and follow up.

What does this mean for you? Blue Cross sent out letters to those providers who did not meet requirements to work on fixing any identified issues. As a contracted provider you are bound by the After-Hours requirements listed in the Provider Policy and Procedure Manual posted on our website at providers.bluecrossmn.com.

Practicing at the Top of Your License

Practicing at the top of your license may not be a novel concept, but the reality may still not be implemented in day to day practice. In the Institute of Medicine’s (now the National Academy of Medicine) 2010 report *The Future of Nursing: Leading Change, Advancing Health*, they reported that nurses should be encouraged to practice to the full extent of their education and training. This concept should not only be applied to nurses, but to all clinical staff. Maximizing the skills of clinical staff can lead to:

- Greater job satisfaction
- Improved role clarification leading to system efficiencies
- More effective distribution of resources
- Better care for patients

Implementing strategies to enable working at the top of one's skills allows those with the highest training and education to focus on the most difficult patients. In addition to the benefits mentioned above, this can also lead to shorter wait times for specialty care or consults.

Are your clinicians working at the top of their license or are they finding they spend much of their time doing tasks that others could be doing? Take some time to review current practices and protocols for areas of opportunity to either empower staff to take on more responsibility or utilize supporting staff for clinicians finding they are doing tasks that do not require their level of education and training.

Pharmacy Management

As part of our continued efforts to evaluate and update our formularies, Blue Cross evaluates drugs on a regular basis. Product formulary and utilization management updates are completed quarterly and posted online for review. These updates can be found at providers.bluecrossmn.com, under "Tools and Resources." Select the Prescription drug option. On the next page choose "Search a drug list" for formularies. Providers will then be given an opportunity to review the appropriate formularies for your members.

Additional information regarding Pharmacy is also located in the Provider Policy and Procedure Manual. To access the manual online go to providers.bluecrossmn.com, select "Forms & publications" then "manuals." Topics in the manual include, but are not limited to, formulary exceptions, quantity limits and step therapy.

Similar Pharmacy Management information for the Federal Employee Program (FEP) members can be found on the Fepblue.org website. FEP members have Caremark as their Pharmacy Benefit Manager (PBM) and will have different formulary lists and procedures for prior authorizations and quantity limits than listed above. This information can be found by scrolling down to "Pharmacy Benefits" and selecting "Finding out more."

Some employer-based plans choose to carve out pharmacy benefits to another PBM. Practitioners should review the back of the member's identification (ID) card for information about the specific PBM for the patient.

Transitions of Adolescent Care to Adult Primary Care

If you know of patients reaching adulthood or young adults looking to transition from a pediatrician to an adult primary care practitioner, we can help. Blue Cross Customer Service can help find adult primary care practitioners who can best serve the patient's medical needs.

Customer Service can also assist pregnant adolescents in their transition from pediatrics to an adult primary care practitioner, OB/GYN, family practitioner or internist. For assistance in medical care transitions, please direct your patients to contact Blue Cross Customer Service at the phone number on the back of their member ID card.

Additional Information

To find more information on these and other topics, access the Provider Press following these steps:

1. Go online to providers.bluecrossmn.com
2. On the right side under "What's Inside" click on Forms & Publications
3. In the dropdown box, select Provider Press

Helpful Phone Numbers

The general provider services phone numbers are **(651) 662-5200, 1-800-262-0820** and **1-800-420-2227**. Representatives are available to assist you Monday through Friday, 7 a.m. until 6 p.m.

Location of Provider Bulletins and Quick Points

Please note that with the exception of this yearly QI Quick Point, provider publications are not mailed. Provider Bulletins are posted on the first business day of every month and Provider Quick Points are posted on the second and fourth Wednesday of every month. To view all Bulletins and Quick Points go to providers.bluecrossmn.com.