Quality Initiatives
• Maternity Initiatives
• Patient Surveys and Patient Satisfaction
• Healthcare Effectiveness Data and Information Set (HEDIS®)
• Gaps in Care
• Preventive Services
• Rewarding Excellence
• Patient-Centered Medical Home (PCMH)
• Provider Report Cards
• Closing
As part of our partnership with the South Carolina Department of Health and Human Services (SCDHHS), we implemented new programs to improve birth outcomes for infants:

- Birth Outcomes Initiative (BOI)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Centering Pregnancy
BOI Goals

1. End elective inductions for non-medically indicated deliveries prior to 39 weeks.
2. Reduce the average length of stay in NICUs and PICUs.
3. Reduce health disparities among newborns.
4. Make 17P — a compound that helps prevent pre-term births — available to all at-risk pregnant women with no “hassle factor.”
5. Implement a universal screening and referral tool for physicians.
BOI: Adverse Outcomes

The risk of adverse outcomes is greater for neonates delivered prior to 39 weeks. Some morbidities associated with early-term deliveries include:

- Respiratory distress syndrome
- Transient tachypnea of the newborn
- Ventilator use
- Pneumonia
- Respiratory failure
- NICU admission
- Hypoglycemia
- Five-minute Apgar score lower than 7
- Neonatal mortality
BOI: How to Comply

You should append modifiers when an induction or a planned cesarean section for deliveries less than 39 weeks gestation is scheduled. This requirement applies to all BlueCross BlueShield of South Carolina and BlueChoice HealthPlan plans.

Deliveries less than 39 weeks gestation should meet the American Congress of Obstetricians and Gynecologists (ACOG — formerly the American College of Obstetricians and Gynecologists) or approved BOI guidelines.
BOI: How to Comply

We will deny charges as not medically necessary if professional claims for the delivery do not include the appropriate modifier. This will reflect as provider liability for participating providers and patient liability for non-participating providers.

We will review hospital claims retrospectively to determine that you have filed the appropriate modifier. If you do not file the modifier for the delivery as outlined, we will recoup all monies previously paid. We will deny claims as not medically necessary.
South Carolina BOI Receives National Recognition

We are excited to share that the jurist and the Blue Cross and Blue Shield Association have recognized BlueCross BlueShield of South Carolina BOI as an Honorable Mention Best of Blue Clinical Distinction. The BOI demonstrates the power of a public and private partnership focused on an important community health issue.
SBIRT

Using the SBIRT Integrated Screening Tool (the SBIRT referral), providers can identify at-risk patients, intervene and refer them to treatment for tobacco use, substance and alcohol abuse, depression, and domestic violence.

South Carolina BlueCross and BlueChoice® members began participating with the SBIRT program July 1, 2014.

Screening
Brief process of identifying substance use, behavioral health issues, domestic violence and tobacco use.

Brief Intervention
5-10 minute session to raise awareness of risks and increase motivation to engage support in choices that support health.

Treatment
Cognitive behavioral work for member to acknowledge risks and change behavior.

Referral
When a risk has been identified and treatment is needed.
SBIRT Form

The form can be found on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).

The form consists of simple ‘Yes/No’ questions addressing:

1. Parents
2. Peers
3. Partners
4. Violence
5. Emotional health
6. Past
7. Present
8. Smoking
SBIRT Reimbursement

We will reimburse you for performing these screenings and interventions for dates of service beginning July 1, 2014.

H0002: Behavioral Health Screening

- Completion of the SBIRT referral for the screening
- Screening can be billed once per 12-month period
- Append the HD modifier for positive screenings only
- Reimbursement is $24

Include the appropriate pregnancy or postpartum diagnosis as well as the screening diagnosis, V82.9 or Z139.
SBIRT Reimbursement

H0004: Behavioral Health Intervention

• Intervention and referral to treatment, documented within the SBIRT referral
• Brief intervention can be billed twice per 12-month period
• Defined as a brief intervention or session in which a referral is made or attempted
• Reimbursement is $48

Include the appropriate pregnancy or postpartum diagnosis as well as the screening diagnosis, V82.9 or Z139.
Centering Pregnancy

Centering Pregnancy involves care between providers and pregnant women to improve health outcomes. This program consists of approved practices under contract with the Centering® Healthcare Institute.

South Carolina BlueCross and BlueChoice members began participating in the Centering Pregnancy program June 1, 2014.

State Health Plan members began participating Oct. 1, 2014.

The Centering Healthcare Institute is an independent company that provides health education information on behalf of BlueCross and BlueChoice.
Centering Pregnancy Reimbursement

Women with similar gestational ages meet with their providers. During this time, they learn care skills, participate in facilitated discussions and develop a support network.

Participating providers receive reimbursement for providing services for dates of service beginning June 1, 2014:

- 99078 with TH modifier — reimbursement is $30 per visit, up to 10 visits total.
- 0502F — reimbursement is $175 as a one-time retention incentive on or after the fifth visit.
Centering Pregnancy

If you have recently become a Centering Pregnancy provider, please complete the Centering Pregnancy Application Form, which is located on our websites.

Please note, you must submit this form for us to accept and process claims accordingly.
Maternity Program Participation

• BOI applies to all BlueCross and BlueChoice plans as well as BlueCard members.
• SBIRT and Centering apply to all South Carolina BlueCross and BlueChoice plans except:
  • FEP
  • BlueCard
  • CHIP
  • Plans that do not have maternity benefits

Effective Oct. 1, 2014, the State Health Plan began participating with SBIRT and the Centering Pregnancy programs.
Maternity Management Programs

We include these programs as part of your patients’ health insurance benefits with the purpose of supporting a healthy lifestyle. To ensure members receive support early in their pregnancy, please notify us when the member has had her first prenatal visit.

You can notify us several ways:

• Pregnancy Notification Form
• My Insurance Manager℠
• Call the appropriate program
## Maternity Management Programs

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Name</th>
<th>Enrolling</th>
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</thead>
<tbody>
<tr>
<td>State Health Plan</td>
<td><em>Coming Attractions</em></td>
<td>Telephone: Medi-Call, 803-699-3337 or 800-925-9724</td>
</tr>
<tr>
<td>BlueCross</td>
<td><em>Maternity Care</em></td>
<td></td>
</tr>
<tr>
<td>BlueChoice</td>
<td>Great Expectations® <em>Maternity</em></td>
<td>Telephone: 855-838-5897</td>
</tr>
<tr>
<td>Blue Option&lt;sup&gt;SM&lt;/sup&gt;</td>
<td>Blue Option <em>Maternity</em></td>
<td></td>
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<tr>
<td>BlueEssentials&lt;sup&gt;SM&lt;/sup&gt;</td>
<td><em>Your Navigator&lt;sup&gt;SM&lt;/sup&gt; Maternity</em></td>
<td></td>
</tr>
<tr>
<td>FEP</td>
<td><em>Pregnancy Care Incentive Program</em></td>
<td>Members complete the Blue Health Assessment online at <a href="http://www.fepblue.org/maternity">www.fepblue.org/maternity</a></td>
</tr>
</tbody>
</table>
OB/Gyn Report Cards give an overview of how well your practice is performing in areas such as:

- **BOI** — The number of delivery claims submitted using the appropriate procedure codes and modifiers.
- **SBIRT** — The number of women who delivered and received a screening and/or a referral to treatment.
Helpful Resources

- Healthier Moms and Babies publication
- Maternity Initiatives Presentation
- SBIRT Form
- Centering Pregnancy Application Form
- Pregnancy Notification Form
- OB/GYN Report Cards
- Maternity Initiatives FAQs
Agenda

- Maternity Initiatives
- Patient Surveys and Patient Satisfaction
- HEDIS
- Gaps in Care
- Preventive Services
- Rewarding Excellence
- PCMH
- Provider Report Cards
CAHPS is a survey designed to support consumers in assessing the performance of their health plans.

- Consumers (patients) evaluate their experiences with health care services.
- The survey assesses the communication skills of providers, ease of access to health care services and other topics.
- The survey gauges members’ satisfaction with the health plan, providers, customer service, etc.
CAHPS

Survey questions:

• Your Health Care in the Last 12 Months
  – In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?

• Your Personal Doctor
  – In the last 12 months, how often did your personal doctor spend enough time with you?

See our member satisfaction survey results at www.BlueChoiceSC.com.
QHP EES

QHP EES is a new consumer experience survey that assesses enrollee experience with the Qualified Health Plans (QHPs) offered through the Marketplaces (Exchanges).

- It was circulated nationally for the first time in 2015.
- CMS-approved survey vendors administered it.
- Asks consumers and patients to report on and evaluate their experiences with health care services in the last six months.
QHP EES

Survey Questions:

• Your Health Care in the Last Six Months
  – In the last six months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

• Your Personal Doctor
  – In the last six months, how often did your personal doctor show respect for what you had to say?

Survey information available at https://qhpcahps.cms.gov/node/47
Improving Patient Satisfaction for Providers

How can providers influence patient satisfaction and impact survey results?

Access to care and care coordination are two areas that you can significantly affect.

Consider:

• How easy is it for my patients to get an appointment?
• Do I (doctor) explain things in a way my patients can understand?

Refer to this publication for articles about care coordination and quality standards.
• Maternity Initiatives
• Patient Surveys and Patient Satisfaction
• **HEDIS**
• Gaps in Care
• Preventive Services
• Rewarding Excellence
• PCMH
• Provider Report Cards
• Closing
Blue Cross Blue Shield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

HEDIS is a tool that measures performance in the delivery of medical care and valuable health services.

- The National Committee for Quality Assurance (NCQA) coordinates and administers HEDIS yearly.
- The Center for Medicare and Medicaid Services (CMS) uses it for monitoring the performance of health plans.
- The tool evaluates both physical and behavioral health clinical practice guidelines (CPG) adherence.
BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

**Mid-October 2015**
Supplemental Review Process Begins

**Mid-January 2016**
Hybrid Medical Records Review Process Begins

**Early January 2016**
Quality Nurses Onsite Scheduling Begins

**March 2016**
Supplemental Review Process Ends

**May 2016**
Hybrid Medical Record Review Process Ends

**June 2016**
Final Rates are Submitted and Locked
How is data gathered?

- Annually, members are randomly selected for review based on a predetermined sample size for each measure.
- Data is collected throughout the year through retrospective reviews of services via claims information and medical records.
- Members who have not had a claim submitted for specific services may be selected to assess barriers and provide information to providers using Gaps in Care Reports.
- Certified auditors rigorously audit HEDIS results using a process designed by NCQA.
• Maternity Initiatives
• Patient Surveys and Patient Satisfaction
• HEDIS
• Gaps in Care
• Preventive Services
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What is a gap in care?

Care gaps occur when a member has not received valuable health services.

Your physician or practice can gain recognition for promoting good health and fighting disease.

Our QI nurses will meet with you for “deep dive” chart reviews and techniques for closing care gaps.

GIC Reports as well as support in understanding this quality initiative are available from your provider advocate.

Rewarding Excellence
Gaps in Care Report

The Provider Summary Report shows:

• The number of members assigned to each measure.
• The number of members compliant within each measure.
• The provider’s rating for each measure.
• The Star benchmarks for each measure.
Gaps in Care

Provider Detail Report

<table>
<thead>
<tr>
<th>BEST PROVIDER</th>
<th>INTERNAL MEDICINE</th>
<th>Total Gaps In Care: 83</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 BEST LANE</td>
<td>COLUMBIA, SC 29201</td>
<td>Phone: (843)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax: (0)</td>
</tr>
<tr>
<td></td>
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</tr>
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</table>

Count by LOB:
- CHOICE CMCL: 2
- MEDICARE ADV: 0
- CHOICE EXCH: 11
- CROSS EXCH: 70

Data current for claims submitted as of: 09/30/2014

For Compliance Companion forms, which contain detailed instructions to help you close these gaps, please visit:

<table>
<thead>
<tr>
<th>LOB: CHOICE EXCH</th>
<th>ID Card:</th>
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<tbody>
<tr>
<td>DOB: 12/27/1952</td>
<td>Gender: F</td>
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<tr>
<td>Group Num:</td>
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Gaps In Care
- Colorectal Cancer Screening
- Cervical Cancer Screening
- Adult BMI Assessment

<table>
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<tr>
<th>LOB: CHOICE CMCL</th>
<th>ID Card:</th>
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<tr>
<td>DOB: 04/04/1960</td>
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<td>Group Num:</td>
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</table>

Gaps In Care
- Adult BMI Assessment

Gaps in Care Report

The Provider Detail Report shows:
- Member ID number
- Name
- Date of birth
- Gender
- The quality measure (undocumented or missed care)
Closing Gaps in Care

You may have relevant information indicating the member has already received the service or has a condition that excludes him or her from the measure. When this is the case, you can close the gap by:

1. Providing the service and filing a claim.
2. Completing a Compliance Companion form.
3. Supplying the medical record.
Closing Gaps in Care

The HEDIS Provider Reference Matrix provides measure-specific information on how you can help close gaps in care.

HEDIS documentation charts are also available!
Closing Gaps in Care

• If we need medical documentation, you can submit a Compliance Companion form in place of medical records.
• We require a doctor or nurse practitioner’s signature.
• You can find these forms at www.SouthCarolinaBlues.com or www.BlueChoiceSC.com.
Gaps in Care

Closing Gaps in Care

Medical record review examples of core documentation standards:

- Patient demographic data present in chart
- Medication allergies and adverse reactions
- Annual discussion of advance directives for ages 21 and older
- Current medication and problem list
- Past medical, surgical and immunization history
- Documentation for each visit: clinical findings/appropriate treatment
- Remember to calculate BMI
Closing Gaps In Care

• You may receive medical records requests from us to close gaps in care.
• We do not pay fees for supplying medical records. Please send the requested records so we can verify your patients’ compliance.

Let your medical records vendor know that release of records is a “no-charge event.”
HEDIS and Gaps in Care Resources

Visit the HEDIS page of either of our websites. There you’ll find:

• Provider Reference Matrix Guides
• HEDIS Charts
• Compliance Companion Forms

Contact your Provider Advocate for the latest copy of your Gaps in Care Report.

All of these tools work hand-in-hand to ensure success!
Agenda

- Maternity Initiatives
- Patient Surveys and Patient Satisfaction
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The Affordable Care Act (ACA) requires non-grandfathered plans to cover certain preventive services.

- Many BlueCross and BlueChoice grandfathered plans also provide coverage for preventive services at little or no cost for members.
- Please be sure to verify eligibility and benefits prior to rendering services.
Examples of Covered Services

Adults
- Colorectal cancer screening
- Lipid screening
- Osteoporosis screening
- Mammogram

Children
- Hypothyroidism screening
- Obesity screening and counseling
- Well child exams
- Immunizations
• Maternity Initiatives
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• Preventive Services
• **Rewarding Excellence**
• PCMH
• Provider Report Cards
• Closing
Hospital Program

Rewards top-performing hospitals with increased payments for the quality of care they provide.

Quality measures include key safety and efficiency measures, as well as patient experience.

GOAL: To compensate hospitals for the quality of care provided to patients, not just the quantity of procedures performed.
Physician Program

Support quality initiatives to improve health outcomes for members.

Emphasis is based on HEDIS, STARS and Quality Reporting System (QRS) measures.

Help physicians and practices succeed in preventing and closing gaps in care.
• Maternity Initiatives
• Patient Surveys and Patient Satisfaction
• HEDIS
• Gaps in Care
• Preventive Services
• Rewarding Excellence
• PCMH
• Provider Report Cards
• Closing
Patient Centered Medical Home

- A team-based approach to health care led by a physician, nurse practitioner or physician assistant
- Addresses all aspects of a patient’s health care
- Has national recognition as a PCMH
Why should your practice consider becoming a PCMH?

- Overall improved patient outcomes
- Increased satisfaction among physicians, staff and patients
- Performance-based incentives and compensation
PCMH Participation Requirements

- Strong commitment to performance improvement and willingness to transform
- Sufficient number of BlueCross and BlueChoice patients
- Electronic medical record (EMR) system with capability to provide required performance data to MDinsight®
- NCQA PCMH Recognition (Level 2 minimum)
PCMH Support

Practice Transformation Support

• BlueCross Practice Facilitation Program — a service at no cost to primary care practices participating in the BlueCross PCMH program
• The practice facilitation program operates under the guidance of innovation specialists to assist practices during all phases of their PCMH journeys, including NCQA PCMH recognition.
PCMH Support

• We calculate performance incentives on patients who have been attributed to your practice and enrolled in the PCMH program for at least 11 consecutive months.

• We only count patients with multiple conditions **once** in the program. To determine attribution for patients with multiple conditions, we use the hierarchy in this diagram.
Additional resources and performance tools

• Learning Opportunities
  Throughout the year, BlueCross hosts a variety of collaborative meetings, work groups and seminars to connect PCMH practices across the state and provide learning opportunities from national and local experts.

• Automated PCMH Performance Tools
  Your practice has access to the MDinsight® platform to monitor and track your own performance on popular clinical and process measures.
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- PCMH
- Provider Report Cards
- Closing
Provider Report Cards give an overview of how well your practice is performing in:

- **Electronic Media Claims Percentage** — The number of electronic claims you submit.
- **Duplicate Filing Rates** — How often your practice submits an identical claim.
- **Self-Service Usage** — The rate at which you use Web tools and automated functions.

Other reports available to you: Denials, GIC, Web Precert Usage, OB and more.
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- Maternity Initiatives
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- Gaps in Care
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- PCMH
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Quality Resources

• Maternity Initiatives presentation
• Maternity Initiatives FAQs
• OB/GYN Report Cards
• Improving Patient Satisfaction for Providers publication
• HEDIS Measure Provider Matrix
• HEDIS Documentation Charts
• HEDIS Compliance Companion Forms
• Gaps In Care Provider Reports
• Preventive Care Guide
• Quality Initiatives FAQs
• Provider Report Cards
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Elizabeth Duvall | 803-264-6826 | Elizabeth.Duvall@bcbssc.com
Jamie Self | 803-264-2802 | Jamie.Self@bcbssc.com

Provider advocates are always eager to assist you!
BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

<table>
<thead>
<tr>
<th>Name</th>
<th>Area</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teosha Harrison</td>
<td>Manager, Provider Education</td>
<td>803-264-4364</td>
<td><a href="mailto:Teosha.Harrison@bcbssc.com">Teosha.Harrison@bcbssc.com</a></td>
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</tr>
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<td>Wanda Allison</td>
<td>Sr. Manager, Population Health</td>
<td>803-264-4596</td>
<td><a href="mailto:Wanda.Allison@bluechoicesc.com">Wanda.Allison@bluechoicesc.com</a></td>
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<tr>
<td>Cameron Shirey, BSN</td>
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<td><a href="mailto:Cameron.Shirey@bluechoicesc.com">Cameron.Shirey@bluechoicesc.com</a></td>
</tr>
<tr>
<td>Noreen O’Donnell</td>
<td>Director, Patient-Centered Medical Home</td>
<td>803-382-5408</td>
<td>Noreen.O’<a href="mailto:Donnell@bcbssc.com">Donnell@bcbssc.com</a></td>
</tr>
</tbody>
</table>

These individuals are essential to the service we provide to you!
Questions?