BCBSMA Launches Hospital Quality Improvement Incentive Plan (HQIP)

BCBSMA has launched the Hospital Quality Incentive Program (HQIP) with 16 hospitals to reward those that demonstrate data-driven, outcomes-oriented performance improvements that:

- Improve the quality of care patients receive
- Develop and accelerate performance improvement activities that represent shared priorities
- Identify best practices and facilitate collaborative educational sessions for hospitals
- Develop quality performance incentives that support and recognize active participation in effective performance improvement processes.

Current projects
The program offers hospitals the opportunity to collaborate on improving their care delivery. Participating hospitals have selected multiple measures including Health Institution Performance Partnership (HIPP) measures, Joint Commission for Accreditation of Healthcare Organizations (JCAHO) core measures, and clinical, evidence-based measures important to hospitals and are working on projects such as:

- Reducing the time it takes to get a patient antibiotic administration
- Increasing the use of the pneumococcal vaccine
- Reducing the number of patients with ER stay longer than six hours and the number of patients leaving the ER department prior to treatment completion
- Reducing the number of unscheduled readmissions for heart failure
- Increasing lipid screening for the secondary prevention of myocardial infarction.

Next steps
As we negotiate hospital contracts in the future, we will incorporate the HQIP into the agreements. During 2003, we will continue to:

- Develop potential incentive measures and share them with the hospitals
- Consult with and provide support to the individual hospital QI teams
- Encourage provider participation in quality initiatives
- Facilitate the sharing of best practices and solutions.

Questions? Contact Richard Friedman, MD, Director of Corporate Quality and Peer Review, by phone at (617) 246-5633 or by e-mail at richard.friedman@bcbsma.com.

Use New Number for Provider Relations

To serve you better, we now offer one easy-to-remember, toll-free phone number to reach all BCBSMA Provider Relations representatives. Please update your speed dial buttons and electronic and paper phone lists with this number: 1-800-316-BLUE (2583)

Please listen for prompts for your provider type.
**Billings News**

**Improved Telephone Service Requires You to Enter Your Provider Number**

We’re implementing a new phone system in Provider Services to help us route your calls to the right representative quickly, and to minimize the number of phone menus through which you need to navigate. This new system requires you to enter your provider number and will request that you enter the identification number of the member about whom you are inquiring.

If your provider number contains any alpha characters, you’ll need to convert the letter(s) to numerals using the conversion chart to the right (the same alpha-to-numeric conversion chart you may use when calling InfoDial®). For example, if your provider number is 222A123456, you would enter 222*21123456 when calling us. You do not need to enter the alpha prefix for the member ID number, just the nine numerics.

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**On-line Provider Self Service Available through WebMD® Office**

CBSMA became Massachusetts’ first health insurer to sponsor a multi-payer solution for interactive transactions. Together with WebMD Envoy, BCBSMA’s exclusive gateway for electronic healthcare transactions, we recently launched Provider Self Service at www.bluecrossma.com/provider.

Provider Self Service links to WebMD® Office, an easy-to-use Internet-based solution that provides administrative services, including member eligibility, referral, authorization, claim status and more, with connectivity to a broad range of payers. You will need to register to use the tool. Please call 1-877-GOWEBMD and use the promotional code P1BCBSMA03.

Later this year, you will also be able to e-mail requests for a claim adjustment. BCBSMA is working to give providers access to member benefit information in the future.

“Providers’ initial feedback from a pilot program we conducted has been enthusiastic,” says Vinny Plourde, BCBSMA’s Vice President of Provider Services. “Providers responded favorably to the level of detail and ease of use. This is just one more way that we are working with our provider partners to identify opportunities to reduce the administrative work that providers need to perform. Ultimately, this will enable providers to spend more time providing quality care to our members.”

**Avoid Reimbursement Delays: Send Claims to our P.O. Boxes**

If you submit paper claims, please remember to address your claims to our post office boxes at our Quincy offices to avoid delays in reimbursement. Please do not send claims to our Provider Services offices in Rockland; this delays our ability to process your claims promptly.

- Please address your UB-92 claims for in-state members to:
  
  Blue Cross Blue Shield of Massachusetts
  P.O. Box 9197
  North Quincy, MA 02171-9197

- For out-of-state members, send UB-92 claims to:
  
  Blue Cross Blue Shield of Massachusetts
  P.O. Box 9209
  North Quincy, MA 02171-9209.

Remember, electronic submission through WebMD® Office, HealthWire®, or HealthWire® Direct is the fastest way to submit your claims! To get started with electronic claim submission, call WebMD® at 1-800-266-2206 and select Option 1.

Clip and post near your phone:
Systems Must Accommodate All BCBS ID Number Lengths

Thousands of BCBS members from around the country and abroad visit providers’ offices in Massachusetts when they’re on vacation, or living in New England. ID card formats vary among BCBS Plans in the US and abroad.

Other BCBS Plan member ID numbers can be longer or shorter than BCBSMA members’ 12-character ID cards (alpha prefix and nine-digits). For instance, currently the BCBS Hawaii Plan has the longest ID number with 17 digits, and Anthem BCBS of Connecticut and Maine members’ cards have 13 characters, including the prefix. (See sample Maine ID card to right.)

Anthem East BCBS Plans To Change ID Numbers

It’s extremely important to ensure that the systems you use to submit BCBS member claims and transactions can accommodate a subscriber ID number with at least 17 characters (including the prefix and suffix) in the subscriber ID field. This is of particular importance in processing out-of-area BCBS member claims and transactions. And it will be even more important on August 1, 2003, when the Anthem BCBS Connecticut and Maine plans convert all HMO/POS plan member ID cards to 13 characters. (Anthem BCBS New Hampshire will convert November 1, 2003.) Currently, only PPO and Indemnity Anthem New England ID cards have the 13-character number.

Attention SNF Providers:
Rehab Services for Blue Care®65 Custodial Members Require Prior Authorization

As a reminder, rehab services including physical therapy (PT), occupational therapy (OT), and speech therapy (ST) provided to Blue Care®65 custodial members in a contracted skilled nursing facility (SNF), require prior authorization. For these members, we will cover PT, OT, and ST services under the member’s Medicare Part B benefit.

If the patient has exhausted his or her SNF inpatient benefit days, then the facility will be paid for all medically necessary PT, OT and ST services until the member qualifies for a new SNF benefit period.

Please contact Provider Services to obtain eligibility and benefits. Then please fax an authorization form to our Case Creation area at 1-800-447-2994. You can obtain a copy of the form by calling our Fax-on-Demand system at 1-888-633-7654 and requesting document 791.

Attention Community Health Centers: Billing for Licensed Dietitian Nutritionists (LDNs)

Effective August 1, 2003, licensed dietitian nutritionists whose services are billed on a CMS-1500 form must be credentialed and contracted BCBSMA providers. Please check with your LDNs to confirm that they have started the BCBSMA application and contracting process. If not, you may fax your request for the LDN pre-screening form to Linda Greenan at (617) 246-4630, or e-mail at: Linda.Greenan@bcbsma.com.

Facilities that bill for dietitian services on a UB-92 form are excluded from this requirement.
Ultrasound, 007. Added coverage for wireless capsule endoscopy as a diagnostic technique in obscure digestive tract bleeding. Effective 8/03.

Infertility, 086. Expanded coverage for ICSI to include reduced fertilization. Effective 4/03. Clarified that we require a minimum of 12 intrauterine inseminations. Effective 8/03. Clarified guidelines for when fertility is to be expected naturally.

PET, 358. Added coverage for PET for unknown primary cancer (occult primary carcinoma and metastasis outside the cervical lymph node.) Effective 8/03.

Medical Technology Assessment Guidelines, Non-covered List, 400. Based on recent Food and Drug Administration (FDA) approval of the Cypher™ stent, percutaneous transcatheter placement of this drug eluting intracoronary stent(s) is covered, effective 4/1/03. Physicians will bill using HCPCS Level II code(s) G0290 and G0291.

We have added the following to our list of non-covered services (document 400):
- HCPCS Level II codes: K0600, S2090, S2091 (effective 4/1/03)
- CPT Category III codes: 0023T, 0044T
- CPT codes: 43201, 91132, 91133.

The following services that do not have billable codes have also been added to document 400:
- Bee venom therapy for treatment of patients with multiple sclerosis
- Bone lesion biomechanical analysis
- Repair of bronchial fistula with fibrin glue
- H-wave stimulation
- Hereditary spastic paraplegia evaluation
- Radical laparoscopic hysterectomy
- Laser-assisted myringotomy
- Laser-assisted tonsillectomy
- Serum antibodies for diagnosis of inflammatory bowel disease
- Percutaneous transluminal angioplasty of intracranial atherosclerotic stenoses with or without stenting

Billing Reminder: New 2003 Obstetrical Ultrasounds
Please note that the AMA Coding Board has expanded the number of obstetrical ultrasounds including procedures defining examinations for both first trimester (76801-76802), and after the first trimester (76805-76810). When billing for an ultrasound for early pregnancy monitoring for history of infertility, use procedure 76801 and 76802. Also, when billing for the examination of possible fetal malformations at 16-20 weeks gestation, the appropriate procedure codes are 76811 and 76812. For additional information, please request document 007, Ultrasounds, from our Fax-on-Demand service or at our web site, www.bluecrossma.com/provider.

Attention Paper and Electronic Claim Submitters: Provider Detail Advisory Will Include BCBSMA and HIPAA Reject Messages
Our Provider Detail Advisory (PDA) will soon include both the BCBSMA reject message and the new corresponding HIPAA 835 electronic remittance adjustment reason code for our most common rejections. For example, the rejection reason for a duplicate claim will be shown as: “Duplicate claim/service (U302) (HIPAA 835 Adj. Rsn. CD. 19).” If you submit paper claims, this additional text will not affect your claim processing and may be ignored.

For more information about the HIPAA 835 electronic remittance, please see the enclosed issue of HIPAA News in Brief on page 7.
BCBSMA’s Chief Medical Officer Pledges to Lead Coalition for Change

Chief Medical Officer James Fanale, MD, pledged to take the lead in forming a physician coalition to develop a health care agenda for the future at the Physician Summit 2003: Access, Affordability, Quality Care.

BCBSMA held the Summit April 30 at its headquarters in Boston to engage physician leaders in a discussion of the key challenges they face today and to begin to identify ways to improve access, affordability, and quality of care. Nearly 170 physicians, medical, and business community leaders attended.

“As the largest insurer in the region, we volunteer to take the lead in facilitating a dialogue among all the parties concerned, in the hopes of reforming certain aspects of the health care system,” he said.

Dr. Fanale noted that, “Everyone knows that the health care system has serious problems. But the continuing dedication of doctors in Massachusetts and the goodwill of patients gives us a tremendous opportunity to repair the system before the damage becomes irreparable.”

Ten physicians (see list on following page) presented summaries of the most pressing issues in health care, including rising practice and malpractice costs, patient access, and increasing demands on physicians’ time. Dr. Charles Welch, past President of the Massachusetts Medical Society (MMS), and Andrew Dreyfus, President of the Blue Cross Blue Shield of Massachusetts Foundation, also addressed the summit.

Dr. Fanale acknowledged the work already underway by committees organized by the MMS and other health plans, but advocated for more collaboration. He concluded the Summit by calling for BCBSMA, the MMS, and other health plans to move from rhetoric to action.

Important HIPAA Note: BCBSMA and Providers Can Share Protected Health Information

Congratulations! On April 14, you cleared a milestone—the compliance date for HIPAA’s Privacy Rule addressing “protected health information” (PHI). Please remember that because both BCBSMA and the providers who treat our members are considered “covered entities,” we may share members’ PHI to support treatment, payment and healthcare operations. If you receive a call from BCBSMA Member Services regarding a billing issue, you may share relevant information to help resolve that issue for the member. We can also share relevant information with you if you call us for assistance with a claim you submitted.

For more information about the privacy rule, call Fax-on-Demand at 1-888-633-7654 and request document 832, Understanding HIPAA’s Privacy Rule. You can also call the Office for Civil Rights (OCR), the authoritative source for information on Privacy, at their HIPAA hotline at 1-866-627-7748, or visit their Web site at www.hhs.gov/ocr/hipaa.
In recent focus groups and surveys commissioned by BCBSMA, physicians in Massachusetts say they generally like what they do, although some claim that practicing medicine is more difficult than it used to be.

These results were released at the BCBSMA-sponsored Physician Summit held April 30.

BCBSMA commissioned independent research of physicians and consumers in February and March 2003. In a market of world-class doctors and health care institutions, the research shows that public confidence in the health care system remains high.

The survey also showed that most patients are not aware of the problems their physicians face, because doctors seem to be shielding them from these issues. Patients say they can easily get an appointment anytime they want, and that their doctor spends enough time with them.

Other survey results showed physicians and the public agree that the quality of health care in Massachusetts is good to excellent. They disagree, however, about what the future holds for medicine if changes are not made.

Here is a summary of the major findings:

Consumer Findings
Generally consumers believe:
- Many OB/Gyns may drop obstetrics
- Physicians will no longer accept Medicaid or Medicare

Physician Findings
Physicians reported that:
- OB/Gyns are dropping obstetrics
- Physicians are cutting back on staff
- Physicians are unable to afford new equipment
- The high cost of living/practicing in Massachusetts is causing early retirement or moves to other states.

BCBSMA Surveys Show Opportunities to Improve Access, Affordability, and Quality of Health Care


Physician Summit Presenters:
- Madeleine Biondolillo, MD, Urban Medical Group
- James Butterick, MD, Southcoast Hospitals Group of Fall River
- John Chessare, MD, Boston Medical Center
- Steven Flier, MD, Personal Physicians HealthCare
- Edward Gogel, MD, Northeast Health Systems in Beverly
- Tom Lee, MD, Community Healthcare, Inc.
- James O’Connell, MD, Boston Medical Center
- Stephen Sweet, MD, Baycare Health Partners of Springfield
- Jeffrey Weilburg, MD, Massachusetts General Physician Organization

James O’Connell, MD, of Boston Medical Center, speaks about caring for the indigent at the Summit.
Control Letters Not Required With 837 Transactions or Paper Claims

You no longer need to use the control letters (the two characters that precede your provider number) after you begin submitting HIPAA-compliant 837 transactions or when you submit paper claims. For professional providers, control letters correspond to the first two alphabetic characters in your last name or group name. For institutional providers, they correspond to the first three alphabetic characters of the facility name. For example, Dr. David Smith’s BCBSMA provider number is J12345 and he may have previously submitted the provider number as SM J12345. Please do not submit the control letters “SM” with 837 claims transactions or paper claim forms; use only the BCBSMA provider number. This will simplify your claim submission process by reducing the number of characters you need to enter when submitting claims.

Your WebMD 837 Companion Guide will includes more specific instructions (You can download the Companion Guide at www.healthwire.com). Please work with your system vendor to have the control letters removed from your claim submission system. We urge you to test your 837 transactions with WebMD® to ensure your systems are updated correctly. Call WebMD® (see number at the end of this page) to test today!

Provider Detail Advisories Will Include Adjustment Reason Codes

WebMD will work with all providers who currently receive electronic remittances to transition them to the HIPAA-compliant version 4010-A1. We will discontinue sending non-compliant electronic remittance on October 16, 2003. Contact WebMD if you are ready to begin receiving HIPAA-compliant 835 transactions. We now include both the BCBSMA reject message and the 835 Adjustment Reason Code on your Provider Detail Advisories. We will display the BCBSMA reject code after the narrative, followed by the corresponding 835 Adjustment Reason Code for our most common reject messages.

Have You Begun Testing?

After meeting the deadline for complying with HIPAA privacy regulations on April 14, 2003, the next challenge for many providers was to begin testing to meet the Transactions and Code Sets standards deadline in October as required by the Administrative Simplification Compliance Act (ASCA). Providers who filed for an extension request under this Act agreed to engage in “testing” by April 16. Yet, many providers have not yet begun their testing process. According to the Phoenix Spring 2003 Healthcare Industry HIPAA survey, only 50 percent of providers had performed tests internally and just 39 percent were testing externally by April 16, 2003. Only 79 percent of providers were optimistic about beginning testing by October 2003.

If you have not yet engaged in testing, there is still time to start! You can begin by doing the following:

1. Design a testing strategy and a testing plan.
2. Designate individuals to perform testing and a manager to lead the testing effort.
3. Communicate with external associates, especially your software companies, payers, and clearinghouses.
5. Call WebMD, our exclusive vendor for electronic transactions, for a testing appointment.

When submitting test claims, be sure to include the correct subscriber and patient demographic information. One of the common issues we’ve encountered during testing is that providers are defaulting to the patient relationship code of “self” instead of the appropriate relationship code value. Including the correct patient demographic information will ensure that we can process your claim accurately.

Contact WebMD to Schedule Your Testing Appointment

If you are ready to begin electronic testing, please contact WebMD at 1-800-266-2206, Option 8.
Partnering With Our Providers to Keep Our Members Healthy

At Your Service

■ Hospital providers:
  • For claims-related questions, call Provider Services at 1-800-451-8123 (hours: 8:30 a.m. to 4:30 p.m., M - F).
  • For all other questions, call your Provider Relations representative at 1-800-316-BLUE (2583).

■ Ancillary providers:
  • For claims-related benefit and eligibility questions, call Ancillary Provider Services at 1-800-451-8124.

  • For all other questions, call Ancillary Provider Relations at 1-800-316-BLUE (2583).

■ All providers:
  • To access BCBSMA's medical policies and administrative tools, call Fax-on-Demand at 1-888-633-7654. Request document 411 for a list of all available documents.

Blue Focus is published quarterly for BCBSMA hospitals and institutional ancillary providers. Submit letters and suggestions for future articles to:
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Blue Cross and Blue Shield of MA
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Boston, MA 02215-3326
or e-mail the editor at:
stephanie.botvin@bcbsma.com

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