Blue Cross Blue Shield of Massachusetts’ (BCBSMA’s) Chief Physician Executive John A. Fallon, MD, recently addressed the importance of patient safety in a letter* to network physicians. He noted that BCBSMA believes that “the time is right to harness the ethic of excellence to make the quality of health care in Massachusetts even better.”

By benchmarking the national patient safety projects described below, we’re learning valuable lessons that will be integrated into our collaboration with Massachusetts providers.

We know that you share the same devotion to delivering the safest care possible, and hope that you will find this information of interest as we partner together to improve the quality of care in Massachusetts.

*For a copy, log on to our website at www.bluecrossma.com/provider and see the “From the Chief Physician Executive” section.

### CMS/Premier HQID Average Composite Quality Scores

- From 87.5% to 94.4% for AMI (heart attack) patients
- From 84.8% to 93.8% for coronary artery bypass graft patients
- From 64.5% to 82.4% for heart failure patients
- From 69.3% to 85.8% for pneumonia patients
- From 84.6 to 93.4% for hip and knee replacement patients

Average composite quality scores improved significantly between the inception of the CMS/Premier HQID project and year 2.

### National Pay-for-Performance Study

The Centers for Medicare & Medicaid Services’ (CMS’) Premier Inc. Hospital Quality Incentive Demonstration (HQID) is a national study of the effectiveness of hospital pay-for-performance programs. Its second year results indicate that patients treated at a hospital participating in Premier’s pay-for-performance project live longer and receive recommended treatments more frequently. In addition, this study shows that improving clinical processes improves quality and cost. In two years, 260 HQID participants raised overall quality by 11.8 percent in five clinical areas, as measured by 30 widely accepted care measures. Quality improvements saved 1,284 acute myocardial infarction patients. Patients received approximately 150,000 additional evidence-based clinical quality measures, such as

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### BCBSMA Foundation Receives Prestigious Award for Roadmap to Coverage Initiative

The BCBSMA Foundation has received the Paul Ylvisaker Award for Public Policy Engagement from the Council on Foundations in recognition of its Roadmap to Coverage initiative. This project played a critical role in the successful passage of Massachusetts’ new health care reform law by providing comprehensive research on options for expanding coverage to the uninsured in Massachusetts. The research and policy analysis was conducted by the Urban Institute with major funding provided by BCBSMA and additional support provided by Partners Health Care. For more information, go to www.roadmaptocoverage.org
Obstetricians: Resources For Pregnant Women

As part of our joint efforts to keep our pregnant members healthy, BCBSMA would like to remind obstetricians of the following resources for your patients:

**Medical:**
- **Smoking Cessation.** BCBSMA practice support tools can help reinforce your smoking cessation messages with your patients. Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider). Click on Manage Your Business>Manage Patient Care and select Smoking Cessation from the drop-down menu.

- **Living Healthy Babies® Program.** This prenatal and child development program helps expecting families prepare for a healthier pregnancy and a healthier baby. Members can self-enroll by calling 1-800-233-3344.

- **Depression Screening.** Since approximately 10-15% of all women develop depression during the postpartum period, we urge you to screen your patients for depression as part of a routine clinical evaluation. To access our medical decision support tools, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider). Choose Manage Your Business>Manage Patient Care. Select Postpartum Depression from the drop-down menu.

**Dental:**
- **Enhanced Dental Benefits.** To underscore the connection between oral health and overall health, pregnant members who have dental benefits with BCBSMA are now eligible for:
  - One cleaning or periodontal maintenance visit every **three** months paid at 100%
  - A periodontal scaling once for each quadrant every 24 months, paid at 100% (when necessary and appropriate)

These services have no deductibles or co-insurance when performed by a BCBSMA-participating dental provider.

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**Oncology Case Management Available**

BCBSMA encourages you to refer your BCBSMA patients who have been recently diagnosed with cancer to our Oncology Case Management program. This includes patients who are currently receiving or have recently received treatment for their cancer, including chemotherapy, radiation therapy, or surgery. The program particularly focuses on lung cancer, prostate cancer, colorectal cancer, leukemia, and lymphoma. All other cancers are currently managed through our High-risk Case Management program.

You can find our Oncology Case Management fact sheet and a referral form by logging on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and going to Manage Your Business>Manage Patient Care. Select Cancer from the drop-down menu.

**Bariatric Surgery Privileging Program Is Underway**

When submitting authorizations for bariatric surgery after May 31, 2007, please keep in mind that members in the plans below must receive care at a privileged bariatric surgery facility:

- Blue Care® Elect
- Blue Choice® Plan 1 and 2
- HMO Blue®
- Indemnity
- Network Blue plans

BCBSMA will continue to follow CMS guidelines for our Medicare Advantage products, Medicare PPO BlueTM and Medicare HMO Blue®. To ensure continuous quality of care, we plan to ask members to complete pre- and post-surgery surveys.
The BCBSMA Foundation has awarded a total of $350,000 to the following health care delivery organizations through its Pathways to Culturally Competent Care grant program:

- Beth Israel Deaconess Medical Center
- Brockton Neighborhood Health Center
- Holyoke Health Center
- Home Health VNA
- Tapestry Health
- Urban Medical Group.

These recipients plan to implement successful strategies to expand access to culturally competent care. In June, eight to 10 additional organizations will each receive a $25,000 planning grant to enhance the care they deliver to patients of diverse backgrounds. For more information, please go to www.bcbsmafoundation.org.

Patient Safety Lessons Learned from National Patient Safety Efforts

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advice to quit smoking, discharge instructions, and pneumococcal vaccination. For more details, visit www.premierinc.com/about/news/jan-07/hqid-year2.jsp.

Ascension Health’s Safety Efforts

In 2002, Ascension Health, the nation’s largest not-for-profit Catholic health care system, set a transformational agenda to provide excellent clinical care with no preventable injuries or deaths by July 2008. Leaders set up “alpha sites” to develop the best clinical and implementation practices for eliminating preventable adverse events in eight areas, including preventing mortality, adverse drug events, falls, and surgical complications.

By June 2004, the mortality rate among non-end-of-life care patients decreased by 21%, corresponding to 1,200 deaths prevented across the system. The alpha sites decreased adverse events for all the priorities in action areas by more than 50%. For more details, visit www.ascensionhealth.org.

BCBSMA’s Efforts to Support Patient Safety Initiatives in Hospitals

To support patient safety efforts locally, BCBSMA is integrating safety incentives into our hospital performance improvement program. For hospitals renewing contracts for October 1, 2007, BCBSMA’s Hospital Performance Improvement Program (HPIP) includes incentives for hospitals to collect and report “perfect care” scores for four clinical areas measured by CMS, including heart attacks, heart failure, pneumonia, and surgical care improvement. These incentives are intended to encourage a more comprehensive “all-or-none” look at clinical process performance than was the case with the earlier Hospital Quality Improvement Program.

These are examples of success stories from across the country and how we at BCBSMA are supporting patient safety efforts. Look for more examples of local Massachusetts hospital quality/safety improvement efforts in future issues of Provider Focus.
National and local health care leaders explored the critical elements for delivering excellent health care at the *High-Performance Health Care: What it Takes* conference held April 2 in Boston.

More than 300 members of the health care community—including physicians, hospital chief executive officers and quality improvement directors, national, state and local legislators, and leaders of public and private industry—attended the event, which was co-sponsored by BCBSMA and *Inquiry*, the health care public policy journal.

In a panel discussion of local and national health care leaders, Uma Kotagal, Senior Vice President for Quality and Transformation at Cincinnati Children’s Hospital Medical Center, described how an institution needs to create a culture that is driven towards the elimination of all preventable medical errors.

“Perfection goals are fundamentally necessary,” said Kotagal. “You must have passion and tremendous will, and be committed to change.”

Other panelists included: Andrew Dreyfus, BCBSMA’s Executive Vice President of Health Care Services; Benjamin Sachs, Chief of Obstetrics and Gynecology at Beth Israel Deaconess Medical Center (BIDMC); Susan Abookire, Chair of Quality and Safety at Mount Auburn Hospital; and Paula Friedman, Corporate Vice President for Strategy and Systems Improvement at SSM Health Care.

Both SSM and Cincinnati Children’s Medical Center have been recognized nationally for substantive changes made within their organizations to improve the quality of patient care. BIDMC’s OB/Gyn Department was the recipient of BCBSMA’s first annual Health Care Excellence Award for its exceptional achievement in improving the safety and effectiveness of health care. The $100,000 award was presented at the conference to Sachs and Paul Levy, President and CEO of BIDMC. (For more details, go to www.bluecrossma.com/healthcareexcellence.)

David Pryor, Senior VP of Clinical Excellence and Senior Clinical Officer of Ascension Health in St. Louis, spoke about what it takes for hospitals and health systems to consistently provide safe, high-quality, effective, and efficient care. (See related article on page 1). For a copy of Pryor’s presentation, go to www.bluecrossma.com/provider and click on *News*.

A second panel with local health care leaders and experts discussed the findings of a recent public opinion poll on consumer involvement and responsibility in health care (see article on next page). John McDonough, Executive Director of Health Care For All, Jim Roosevelt, CEO of Tufts Health Plan, Susan Connolly of Mercer, and Dana Safran, BCBSMA’s Vice President for Performance Measurement and Improvement, gave their perspectives on health care literacy, online provider comparison tools, and engaging consumers to be more knowledgeable users of the health care system.

Keynote speaker Paul O’Neill Sr., former Secretary of the U.S. Treasury and co-founder of the Pittsburgh Regional Healthcare Initiative, discussed the increasing importance of achieving health system change.

“In a really great system, the process does not allow people to get hurt.”

- Paul O’Neill -

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*In a really great system, the process does not allow people to get hurt.*

- Paul O’Neill -
Choosing the right doctor or hospital is one of the most important health care decisions people make, and many face these decisions often. Yet Massachusetts consumers spend more time researching options about purchasing cars. According to the results of a recent BCBSMA-commissioned health care survey of 1,003 Massachusetts adults*, most said they spent less than two hours doing research the last time they chose a doctor or a hospital, compared with several days spent collecting information when they bought their last car.

The results, released at the April 2 High-Performance Health Care: What It Takes conference, revealed that the information consumers want about their health care providers is typically unavailable. Just 47% of those surveyed said that it’s “very easy” to find information about doctors. Not surprisingly, though, they are eager for information—such as hospital infection rates and doctors’ experience—to help make more educated health care decisions.

According to the poll, consumers frequently turn to doctors for such information—92% said they choose a doctor or hospital based on recommendations from their own primary care physician. Nearly half, however, would like to be able to access information on the Internet.

With the lack of information available, consumers end up choosing their providers rapidly and with little information.

Andrew Dreyfus, BCBSMA’s Executive Vice President of Health Care Services, said consumers want and need credible information to make health care choices, but there is very limited information available to guide these critical decisions.

“As a community, we must do more to ensure that useful, objective information is available so consumers can make informed decisions about their health care,” said Dreyfus.

For the full survey report, Looking for Answers: How Consumers Make Health Care Decisions in Massachusetts, go to: www.bluecrossma.com/healthcareexcellence and click on Survey Report.

* Interviews were conducted by KRC Research by telephone March 5–12, 2007 among a randomly selected sample of 1,003 Massachusetts adults ages 18 years and older.

How Consumers Choose a Doctor

Survey respondents ranked the following information as “very important” when choosing a doctor:

<table>
<thead>
<tr>
<th>Information</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on that doctor’s experience in treating a specific medical condition</td>
<td>79%</td>
</tr>
<tr>
<td>The average amount of time that doctor spends with each patient</td>
<td>66%</td>
</tr>
<tr>
<td>Satisfaction ratings provided by that doctor’s patients</td>
<td>63%</td>
</tr>
<tr>
<td>Which hospital that doctor sends patients to</td>
<td>59%</td>
</tr>
<tr>
<td>The doctor’s medical school training and educational background</td>
<td>52%</td>
</tr>
<tr>
<td>The fees charged by that doctor</td>
<td>31%</td>
</tr>
</tbody>
</table>
Office Staff Notes

Three Health Plans to be Discontinued

We recently notified our Managed Major Medical and Comprehensive Managed Major Medical health plan members that these plans will be discontinued on June 30, 2007. The plans met Massachusetts thresholds for the cancellation of non-group plans. Massachusetts’ Health Care Reform law gives members a choice of many new plans, available on July 1, 2007. In addition, following discussions with the Massachusetts Division of Insurance, BCBSMA will discontinue Blue Health Plan for Kids on July 31, 2007. We closed the plan to new members as of April 1, 2007. We are working with the parents or guardians of the affected members to transition them to a new health plan.

Billing for Streptococcus Tests in Children

To comply with National Committee for Quality Assurance (NCQA) standards, when you treat members ages 2 to 18 for pharyngitis and order a group A streptococcus test, please bill using one of the codes listed in the table below. Do not bill using CPT code 86403. NCQA has removed this code and it is no longer valid.

<table>
<thead>
<tr>
<th>CPT Code:</th>
<th>Narrative - Antigen Detection By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>87070, 87071, 87081</td>
<td>Throat culture</td>
</tr>
<tr>
<td>87430</td>
<td>Enzyme immunoassay</td>
</tr>
<tr>
<td>87650, 87651, 87652</td>
<td>Nucleic acid</td>
</tr>
<tr>
<td>87880</td>
<td>Direct optical observation</td>
</tr>
</tbody>
</table>

Coordination of Benefits When BCBSMA Is Secondary Payer

When a BCBSMA HMO member requires care from a specialist and BCBSMA is the secondary payer, please be sure to obtain a referral prior to the service being rendered. Even if the primary insurer does not require a referral, BCBSMA as the secondary insurer will follow all required referral guidelines in considering reimbursement for services. Referral requirements will not be waived. To obtain a referral for services that require one, use one of our electronic technologies. For more information, see Section 3 of your 2007 Blue Book manual.

Ancillary News

Reminder About New Conditions of Participation for Certain Ancillary Providers

As a reminder, new conditions of participation with BCBSMA are outlined in your Agreement that require you:

- Be a registered, active participant on our website, BlueLinks for Providers
- Submit at least 50% of your claims electronically
- Use our electronic technologies at least 50% of the time to check member eligibility, benefits, and claim status.

These conditions apply to all professional ancillary providers (with the exception of Nurse Practitioners and Certified Nurse Midwives), and these institutional providers:

- Ambulatory Surgi-Centers
- Clinical Laboratories
- Durable Medical Equipment
- Independent Physiological and Diagnostic Laboratories
- Sleep Center
- Technical Diagnostic Imaging Centers

To register for our website, go to www.bluecrossma.com/provider and click Register Now for BlueLinks for Providers.

To check if these conditions apply to you, please refer to your most recent Ancillary Agreement. Or, if you have any questions, please contact your Ancillary Provider Relations Manager at 1-800-316-BLUE (2583), Option 2.
Bone Densitometry, 034. Added medically necessary ICD-9 CM diagnoses under footnote 16 reporting male hypogonadism, ICD-9 CM 257.2 and 758.7. Effective 4/07.

Diabetic Supplies, 202. Clarified coverage exclusion of real-time continuous monitoring, (i.e., monitoring of glucose levels in interstitial fluid as a technique of diabetic monitoring) for all plans. Covered for our Medicare HMO Blue® and Medicare PPO Blue™ members only.

Echocardiography, 108. Removed fetal echocardiography coverage information referenced by footnotes 1-3 of the policy, specific to the Blue Cross Blue Shield Association (BCBSA) national policy, which is no longer scheduled for review. Also removed medically necessary ICD-9-CM diagnosis editing on fetal echocardiography CPT codes 76825-76828. Effective 4/07.

Electrical Stimulation, 003. Clarified coverage criteria for Spinal Cord Stimulation and “When Services are not covered” for TENS, PENS/PNT, and Spinal Cord Stimulation.

Incontinence Therapy, 072. Added coverage for periureteral bulking agents when medically necessary as a treatment of vesicoureteral reflux grades II-IV when open surgical interventions are otherwise indicated. Effective 9/07.

Interferons, 052. Removed prior authorization, coverage, coding, and references specific to Interferon Beta. Members obtaining these medications through the pharmacy benefit are now required to obtain them through our retail specialty pharmacy network. Effective 5/07.

Magnetic Resonance, 106.

- Clarified coverage language for MRI-brain when policy addresses “structural brain lesions.”
- Added non-coverage for positional MRI. Effective 4/07.

Medical Technology Assessment Non-covered Services, 400. Excluded coverage for:

- Prostate PX. Effective 4/07.

Parathyroid Hormone (rDNA Origin) for the Treatment of Osteoporosis, 018.

- Initial prior authorization period changed to 24 months, eliminating the requirement for providers to request an authorization for a “second-final course of therapy” after the first year. Effective 6/07.
- Removed need for repeat bone mass density (BMD) testing after one year.

PET Scan, 358. Added covered clinical indications to include ICD-9-CM V diagnoses for “personal history of cancers” associated with the covered clinical indications for PET scan. Effective 4/07.


Visit BlueLinks for Providers, our secure website!  
www.bluecrossma.com/provider

**NPI News**

**BCBSMA’s Contingency Plan for NPI Implementation**

We recently mailed an F.Y.I. to all providers regarding BCBSMA’s implementation of a contingency period. After the NPI compliance date of May 23, 2007, we will accept submission of both the NPI and legacy number, or submission of solely legacy numbers on electronic and paper claims. During this period, we will conduct further testing of all systems for compliance. We are targeting December 31, 2007 as the date when we will accept only the NPI for all transactions. For full details, see the F.Y.I. at www.bluecrossma.com/provider. Log on then click on NPI.

**Updated 835 and 837 Companion Guides Available**

The Emdeon ANSI 835 and 837 Companion Guides for BCBSMA have been updated to include NPI billing information, and are now available at www.emdeon.com/healthwire.

**Please Update Paper Claims Print Programs**

With the migration to the new CMS-1500 (version 08/05) form, please update your print software when you implement the new claim forms. We require that all claims be billed on the new CMS-1500 (08/05) form effective June 1, 2007. Claims submitted on the old form OR printed on the old CMS-1500 (12/90) form may be returned. Please help us to process your claims accurately and quickly by updating your print software.

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