

■ FEATURE ARTICLE

Patient-centered medical homes model making its mark; helping members, saving medical costs



Florida Blue patient-centered medical homes (PCMH), introduced three years ago, continue to produce better health outcomes for members with chronic conditions and are significantly helping Florida Blue control rising medical cost trends. In 2014, the per-member-per-month savings in this program is over 3 percent!

The program benefits all involved; physicians, Florida Blue and most importantly, members. Emergency room, inpatient and outpatient facility costs and utilization are less for PCMH practices than for non-participating peers. Potentially preventable admissions and re-admission rates are lower as well.

250 different Florida Blue practices with over 2,500 physicians currently participate in the PCMH model. Our PCMH program focuses on helping primary care practices understand the critical role they play in ensuring our members receive the right care in the right setting to get the best-quality and most cost-effective care.

"Our PCMH practices continue to show improvements year after year," said **Barbara Haasis**, senior clinical lead, value-based programs. "We reduced emergency room utilization

by 15 percent and inpatient admissions by almost 8 percent, producing a significant decrease in the total cost of care. We support our PCMH practices in their decision making by providing detailed data available 24/7. We also have a team of specialists to help interpret the data and provide best practice ideas for transformation of the practice to a patient-centric model."

The PCMH program measures each physician practice in two categories: clinical quality and total cost of care for the practice's attributed population. The clinical quality section is comprised of 29 Healthcare Effectiveness Data and Information Set (HEDIS®) metrics. A practice must perform "as expected" or above compared with statewide peers to be eligible to receive an award.

The financial category looks at the total cost of care for attributed members regardless of who delivered the service. Holding practices accountable for the patient as a whole encourages them to stay on top of issues such as:

- Ensuring that patients are aware of available after-hours care and other sources of 24/7 access to their primary care provider.

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- Making certain members see specialists who communicate results back to the referring primary care physician
- Ensuring that services are performed in a cost-effective facility.

Today, more than 30 percent of our membership flows through our PCMH primary care physicians, and 90 percent of our members have access to a value-based provider. With approximately one million members, Florida Blue is the third-largest PCMH in the nation. ■

TO THE PHYSICIAN //

Tips and resources on accommodations and accessibility

DISABILITY NEWS //

In the winter issue of *BlueLine* we shared that Florida Blue is committed to improving health outcomes for people with disabilities by focusing on finding ways to help reduce costs and improve quality of care. This quarter, we want to equip you with actionable tips to use when interacting with people with disabilities and share resources to increase accessibility.

The Americans with Disabilities Act (ADA), passed in 1990, ensures full and equal access to public services, employment, transportation, and more for people with disabilities. "Due to barriers, [people with disabilities] are less likely to get routine preventative medical care than people without disabilities. Accessibility is not only legally required, it is important medically so that minor problems can be detected and treated before turning into

major and possibly life-threatening problems." (ada.gov)

Accessibility is rapidly evolving and there are always new and innovative approaches to being inclusive and accessible, particularly in health care. A national initiative known as Healthy People 2020 places a focus on people with disabilities and addresses the disability-specific education gap that currently exists in health care by expanding disability and health training opportunities for public health and health care professionals. ([Healthy People 2020](#))

People with disabilities are the second largest minority group in the US, so it is almost guaranteed that you will interact with people with disabilities as part of your medical practice as patients, family members, and/or employees. We encourage you to review the tips and resources below and share them with your staff.

People with Disabilities – General Tips

- Use person-first language and only reference the disability when needed. For example:
"Mary, our patient who is deaf, needs a sign language interpreter" instead of *"the deaf patient."*
- People with disabilities may not always need help. It's best to ask before assuming. Most disabilities are not visible so it may not always be evident that help is needed. For example:

When scheduling appointments:

- *"Do you have a disability and need any accommodations when you come to your appointment?"*
- *"Do you need any help getting onto the exam table?"*
- *"Would you like me to read the form to you?"*

- Make eye contact and talk directly to the person, even if a companion or aide is present, unless told otherwise.
- It is okay to use phrases such as “go for a walk” with someone who uses a wheelchair, “do you see what I mean” with someone who is blind, or “did you hear” with someone who is deaf.
- People with disabilities may not make a connection between their disability and current health status, or, they may be hesitant to bring it up. It is okay to ask disability-specific questions with the intent of a holistic approach to health.
- People with disabilities may experience barriers to adhering to medical instructions. For example, lack of transportation may make it hard to fill a prescription. Confirm that a patient understands his/her treatment plan and has the ability to adhere to it.
- It is common to unintentionally raise the volume of your voice when interacting with people with disabilities. You don’t need to talk loudly unless asked.

Visual Impairments

- You may need to help orient people with visual impairments. Be descriptive about the environment and describe what others may perceive from visual cues. Examples:
 - “There’s a step coming up” or “we are going to the second room on the right”.
 - “Hi Sarah. It’s Dr. Smith and Paul is the nurse joining me in the room today. I’m going to take your blood pressure now by placing a cuff on your right bicep.”
- Offer to read written information to people with visual impairments. Consider keeping stock of Braille, large print, or electronic copies of important medical information that you regularly share with patients.

Learning Disabilities

- You may not get verbal or visual feedback from a person with a learning disability. Ask the person if they understand or agree to ensure your message is received.

- People with learning disabilities have the ability to comprehend, they just do so differently. Use a combination of visual and verbal approaches to reinforce your message.

Mobility Impairments

- Try sitting or crouching down to the same height of people who use wheelchairs or scooters when you are talking for an extended time period.
- Wheelchairs are part of a person’s personal space. Ask for permission before touching a person’s wheelchair.

Speech Impairments

- Listen patiently and let the person finish sentences, even if he/she appears to be struggling.
- Make sure you understand what the person with a speech disability is saying. You may miss important information if you nod in an effort to be polite. Ask the person to spell a word if you’re not sure what is being said.

Hearing Impairment

- Ask the person how they prefer to communicate (interpreter, texting, pen/paper, lip-reading, etc.) and then use that mode of communication. Asking about accommodation needs ahead of time helps ensure you can plan for sign language interpreters.
- Face people with hearing impairments when you talk to them so they can see your lips. Keep in mind if a person does read lips they still miss approximately 50 percent of what is said.

Learn more

- About how the ADA [applies to health providers](#) and making your facility more accessible.
- About the Surgeon General’s [Call to Action](#) to improve the health and wellness of people with disabilities and other information from the CDC.
- About [specific resources in Florida](#) that can be used in your practice, by patients, and their families.

The next “Disability News” article will feature health disparity information for people with disabilities and updates on Florida Blue’s work in this space. Look for it in the summer 2015 issue of BlueLine. ■

FREE CMS ICD-10
“ROAD TO 10” TRAINING
 FOR SMALL PHYSICIAN PRACTICES

SPACE IS LIMITED. REGISTER TODAY!
 May 19, 2015 • Jacksonville, FL

CLICK HERE FOR MORE INFORMATION

Closing care gaps and meeting metrics:

Tips from Florida Blue's Quality Revenue Program Management

Medicare Advantage Members Living with Diabetes

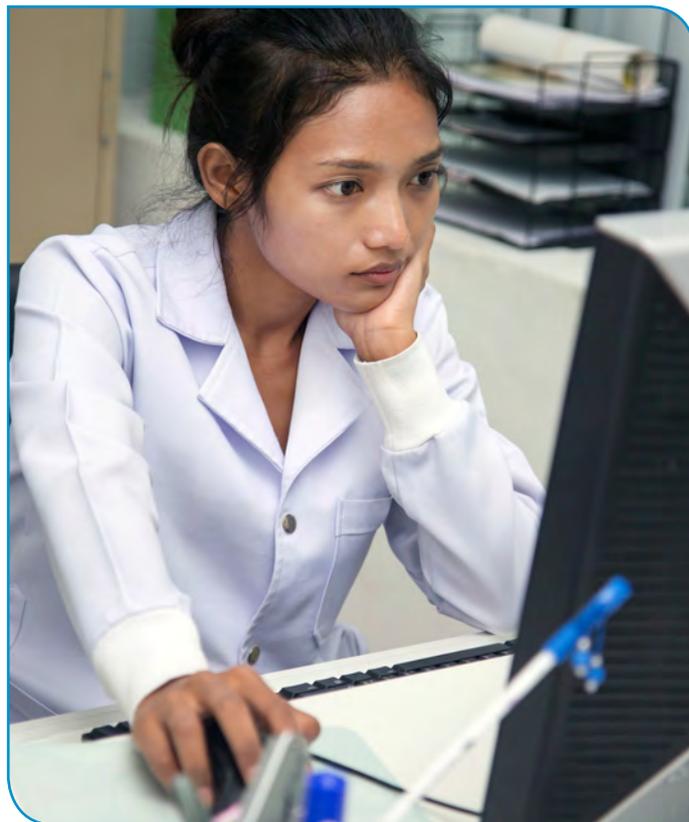
Medicare Advantage members will receive a direct mailing from Florida Blue that includes a special section for members with diabetes. The information reminds those affected by diabetes about the importance of proper nutrition, preventive screenings and medication adherence. Quality measures for diabetes include retinal eye exams and HgbA1c screenings. Foot exams and blood pressure monitoring are also recommended.

Diabetes with Chronic Complications Coding Tip

- The most effective way to capture a causal relationship is to use verbiage such as "Due to" "related to" "caused by" or other similar linkage terms.
- These terms link the chronic condition with the manifestation and clearly indicate a relationship between the two conditions.
- Proper linkage in the medical record documentation allows coders to code to the highest level of specificity which provides the most accurate depiction of the patient's health status.

Did You Know?

- Coding guidelines state that when the type of diabetes is not specified, the coder must assign the default diagnosis code of 250.00 type II diabetes, without complications.
- Remember to specify the type (insulin or non-insulin dependent), status (controlled or uncontrolled) and any related manifestations (renal, neurological, circulatory, ophthalmological, etc.) to allow for increased coding accuracy and specificity.
- If the medical record lists each condition separately, the coder cannot assume a cause and effect relationship.



Medicare STAR S Diabetic Retinal Exams (DRE)

Medicare members with diabetes type I or II should receive medical attention for retinopathy by receiving an eye screening for diabetic retinal disease. To meet administrative requirements, document and report that the retinal eye exam has been performed and reviewed. Encounter codes that indicate review of DRE results include: CPT Cat. II: 2022F, 2024F, 2026F, 3072F

High-Risk Medications

The high-risk medication measure is defined as the percentage of Medicare Part D beneficiaries 65 years or older who received at least two prescriptions of the same drug with a high risk of serious side effects in the elderly. When clinically appropriate, consider prescribing alternatives for your patients.

This measure is met via pharmacy claims only. A member becomes non-compliant once two prescriptions have been filled for two different high-risk medications. For a complete list of the American Geriatrics Society BEERS Listing Criteria for potentially high-risk medication use in older adults, please refer to: <http://www.american-geriatrics.org/files/documents/beers>. Stay informed on documentation and coding best practices by reading our online monthly Quality Revenue Program Management newsletter at floridablue.com; click the *Provider* tab, select *Tools & Resources*, then *Risk Adjustment Process*. ■

HEDIS study for 2015 is underway

Florida Blue and our vendor, Inovalon®, are conducting a 2015 Healthcare Effectiveness Data and Information Set (HEDIS®) study between March and May 2015.

The National Committee for Quality Assurance (NCQA®) uses HEDIS measures to provide a consistent method for consumers to evaluate the effectiveness of various health plans. HEDIS measures are an important part of our Quality Improvement Program and NCQA accreditation score.

BlueCare®, BlueMedicareSM HMO, BlueMedicareSM PPO, BlueOptions and Exchange members are randomly selected for participation in quality project studies. If some of your Florida Blue patients are part of the random sample, you will receive a request from Inovalon to schedule an onsite visit or to submit information from the medical record. Florida Blue nurses will oversee the medical record review process.

According to HIPAA Privacy Rule (45 CFR 164), health care providers can disclose protected

health information (PHI) to health plans for the purpose of quality assurance, quality improvement and accreditation activities. Furthermore, providers can disclose PHI to health plans for HEDIS data collection without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to that relationship. Inovalon has executed a HIPAA-compliant business agreement to perform these medical records reviews.

We appreciate your cooperation with this important study. If you have questions about the HEDIS project, please call Florida Blue's HEDIS manager, Angela Hicks, RN, MSN, at **(800) 555-8228, ext. 50818.** ■

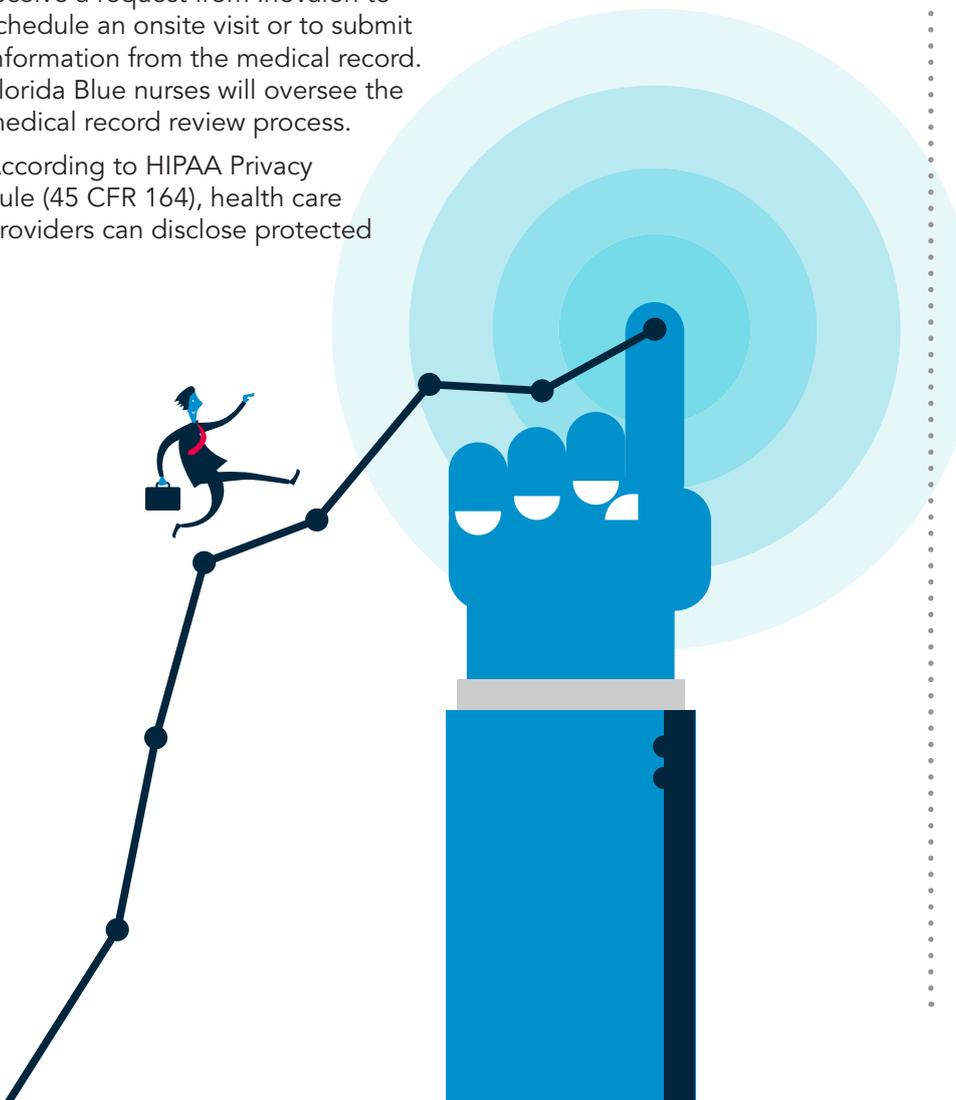
Physician performance measures available for consumers



Florida Blue is committed to providing members with the tools they need to effectively partner with their doctors and make more informed health care choices. In July 2012, the Blue National Doctor & Hospital Finder website, accessible through the Blue Cross and Blue Shield Association website (www.bcbs.com), began to display physician quality measurements as part of the Physician Quality Measurement (PQM) program. The PQM program displays HEDIS® physician performance measures for consumers online.

Florida Blue selected diabetes as the category for display. Using a three-star rating, Florida Blue rates each applicable primary group to show if the practice is below (1 star), meets (2 stars), or exceeds (3 stars) the performance level score for each HEDIS quality measure when compared to the mean from comparable local peer groups for the same measure.

We welcome the opportunity to discuss any feedback on your specific scores or the display. Please contact our Provider Programs Service Team at PPST@bcbsfl.com or call **(800) 727-2227** for more information. ■



Important reminder: Sign-up for Bluemail



We realize the administrative requirements of managing a Florida Blue member's health care can be complex. Our provider manual, bulletins, newsletters and other resources and tools are available on our website at www.floridablue.com to help you understand the requirements and answer questions you may have about our networks, products, programs, coding and claim filing guidelines.

Bluemail, our provider email communication, provides many benefits including the ability to:

- Receive important, timely information by email at your desktop;
- Track, read and save information electronically and retrieve it easily when needed; and
- Forward important information to others in the office.

You can add, update or delete email address and contact information at any time using Availity's secure website. To register, log on to Availity^{®1} at www.availity.com; select Payer Resources, Florida Blue and Update My Email Information with Florida Blue, and then follow the prompts. Add multiple roles and email addresses to be sure communications are being received by all appropriate staff.

Copies of previous Bluemail communications can be found on the Providers Tab at www.floridablue.com. Information contained in Bluemail is also located in the Tools and Resources section under Bulletins. ■

BlueCare HMO benefits

If you are a participating provider with Florida Blue's BlueCare[®] HMO (Health Options, Inc.), please review the information below.

Primary Care Physicians

Each covered BlueCare HMO member must choose a primary care physician (PCP) to coordinate their medical care.

When a member enrolls in our BlueCare HMO (Health Options, Inc.) plans, they are automatically assigned a primary care physician (PCP) if they did not select a PCP at the time of enrollment.

At times, members may need to see a PCP who is not assigned to them while they are waiting to be assigned another PCP, or some members may not know that a PCP was automatically assigned to them and will visit another PCP. When you check a member's eligibility and benefits in Availity^{®1}, you may see that another physician has been assigned as the

PCP. If this occurs, you should still see the member. Florida Blue will reimburse you as the member's PCP for that visit.

Referrals for Specialty Care:

A referral is not required for a member to see a BlueCare participating specialist. However, authorizations are required for medical services such as hospitalization, rehabilitation services, home care and office based services such as CT/MRI scans and injectables.

For more information about Florida Blue's products, please refer to the Manual for *Physicians and Providers* at FloridaBlue.com. ■

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity at Availity.com.

Important reminder: New chiropractic network model

Effective April 1, 2015, American Specialty Health Group, Inc. (ASH) manages chiropractic services for Florida Blue and Florida Blue HMO (Health Options, Inc.) for certain insurance networks and for Florida Blue's HMO network. ASH is one of the nation's largest specialty health organizations providing a comprehensive network and utilization management program for chiropractic services.

ASH provides chiropractic contracting, utilization management, claim processing and payment services for the following Florida Blue networks:

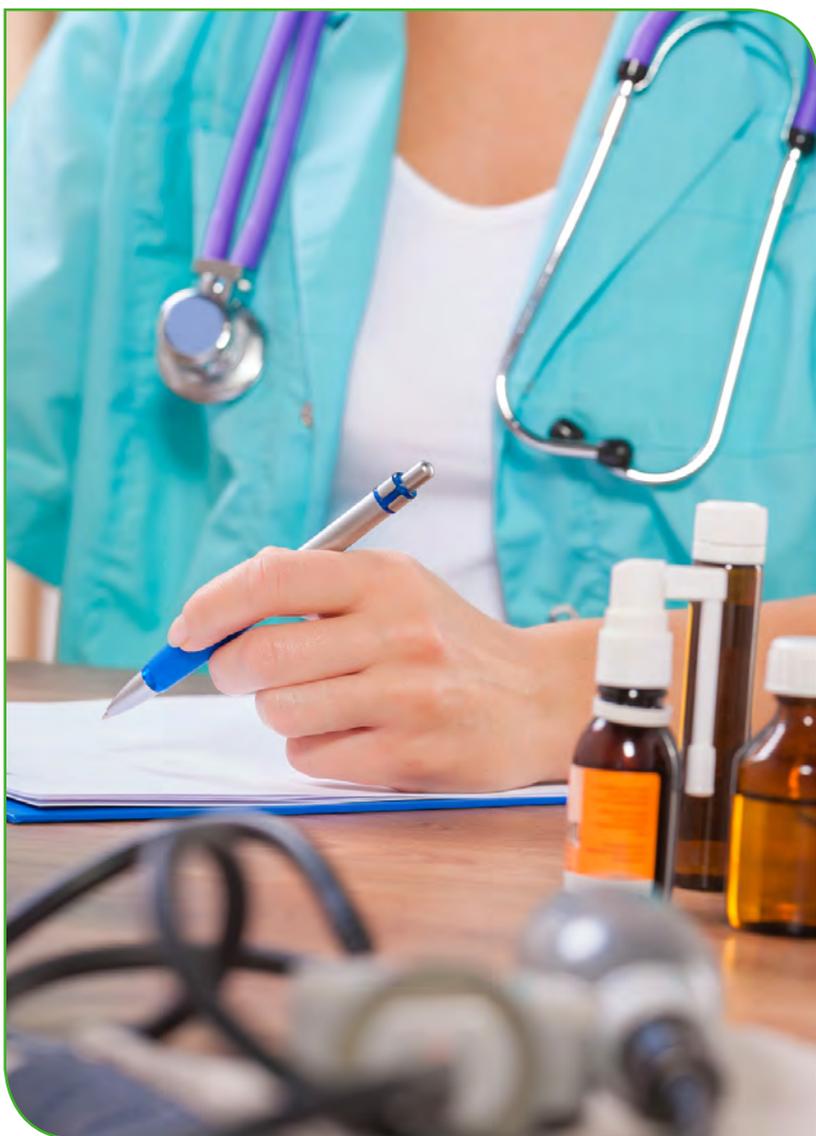
- Health Options, Inc. (BlueCare[®] HMO)
- Medicare Advantage (BlueMedicareSM HMO)
- NetworkBlue (BlueOptionsSM)
- BlueSelect
- Medicare Advantage (BlueMedicareSM PPO)
- Miami-Dade Blue

If you have or had a contract with Florida Blue (Blue Cross and Blue Shield of Florida, Inc.) and /or Florida Blue HMO (Health Options, Inc.) for chiropractic services and have elected not to contract with ASH, you should have received an advance notice from Florida Blue advising that your contract termination was effective on or before April 1, 2015.

Important: If you elected to contract with ASH and also participate in Florida Blue's Preferred Patient Care (PPC), Payment for Professional Services (PPS) and Traditional PPO networks, you will continue to serve members who access these networks as the agreements remain in place.

If you have questions about this change, please call ASH at (888) 511-2743 or the Florida Blue Network Management Service Unit at (800) 727-2227; select "More Choices," then "Network Management." ■

Coding Medicare Advantage annual wellness visits



Important Reminder: Medicare Advantage members are eligible for an initial visit that is covered only once in a lifetime. In addition, a Medicare Advantage (BlueMedicareSM HMO or BlueMedicareSM PPO) member is entitled to subsequent annual wellness visits. It is important for providers to use the right procedure code when filing Medicare Advantage annual wellness visit claims in order to avoid claim denials.

Remember to check member eligibility and benefits electronically through Availity^{®1} at Availity.com. Stay up-to date with the latest preventive service news for Medicare beneficiaries by logging in to the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov and selecting the Outreach and Education tab. ■

Code	Description
G0402	Initial Preventive Physical Examination (IPPE) or Welcome to Medicare Visit: This code can only be billed when services are provided during the first 12 months the patient is enrolled in Medicare Part B. The deductible and coinsurance are waived. Medicare pays for only one IPPE per beneficiary per lifetime. See MLM Matters number MM6223 at cms.gov for specific billing requirements of the IPPE.
G0438	Annual Wellness Visit (AWV); includes a personalized prevention plan (PPPS): This code can only be used for those beneficiaries who are no longer in the first 12 month period after their Medicare Part B coverage effective date and have not received an IPPE during the first 12 months of coverage. Medicare pays for only one Annual Wellness Visit per beneficiary per lifetime. All subsequent wellness visits must be billed as a subsequent Annual Wellness Visit using procedure code G0439. (There are very specific elements that must be included as part of this visit, see MLN Matters bulletin number MM7079 at cms.gov for details.
G0439	Subsequent Annual Wellness Visit (AWV); includes a personalized prevention plan (PPPS): This code should be used in the subsequent years to submission of an annual wellness visit, even if the patient switches to a new physician. See MLM Matters number MM7079 for details.

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at Availity.com.

Tips for filing clinical and non-clinical appeals



We modified the Provider Appeal process to streamline the process.



Providers may formally question the outcome of how their claim processed, paid or denied by filing an “appeal”. Your appeal will be considered either non-clinical or clinical.

1. Clinical appeal types include:

- a. Utilization Management
- b. Adverse Determination
- c. Coding and Payment Rule

2. Non-clinical appeal types include:

- a. Provider Reconsideration: First level review to dispute non-clinical claim issues
- b. Administrative Appeal: Second level appeal to dispute non-clinical claim issues. (Note: A Provider Reconsideration must be submitted prior to the submission of an Administrative Appeal.)

Note: The provider reconsideration/non-clinical appeal must relate to a post-service claim processing determination made by Florida Blue. This may include, but is not limited to, claim allowance, coordination of benefits, provider contract issue or timely filing.

You may file your appeal electronically via Availity^{®1} or on paper. Filing your appeal electronically is the simplest and most cost effective way to file. Click [here](#) for step-by-step instructions on how to submit electronic appeals through Availity[®].

Should you choose to submit your appeal on paper, it is very important to use the appropriate form, and check the correct appeal type. Please refer to the following table for more detail.

The Provider Clinical Appeal Form and the Provider Reconsideration/Administrative Appeal Form are available on our website at www.floridablue.com; click the *Provider* tab, select *Tools & Resources*, then *Forms*. You may also access the forms from the *Manual for Physicians and Providers* which is also on our website.

Appeal Type	Examples	Appeal Form	Appeal Mailing address
Clinical: Utilization Management	Claim denied for lack of authorization or a pre-certification penalty applied	Provider Clinical Appeal Form	Florida Blue Provider Disputes P.O. Box 44232 Jacksonville, Florida 32231-4232
Clinical: Adverse Determination	Claim denied for medical necessity or experimental/ investigational		
Clinical: Coding and Payment Rule	Claim denied for procedure bundling, down-coding, application of a procedure code modifier, and/or other reassignment of a code by Florida Blue		
Non-Clinical Administrative	Claim processed with incorrect allowance; coordination of benefits; provider contractual issue; timely filing; etc.	Provider Reconsideration/ Administrative Appeal Form	Florida Blue P.O. Box 1798 Jacksonville, Florida 32231

Important Notes:

- Submit only one claim per appeal form.
- Supporting documents must be included with the appeal form. Examples:
 - the remittance advice or member’s explanation of benefits
 - medical documentation related to the appeal
 - any additional documentation
- Appeals must be submitted **within one year** of the date that appears on the respective remittance advice. We will not overturn claim denials if a provider fails to follow required procedures and time frames.
- In general, other than the applicable member responsibility under the member’s plan, providers **may not balance bill members** for covered services, including disputed amounts. ■

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Quest Diagnostics is Florida Blue's preferred lab provider

Florida Blue's continued partnership with Quest Diagnostics enables us to continue our commitment to helping members reduce health care costs by having access to convenient, quality laboratory services. In order for members to maximize benefits and effectively control their out-of-pocket health care costs, it is important to refer lab services to participating providers for non-emergency situations. Note: For most members, use of non-participating labs greatly increases their out-of-pocket expenses.

Quest Diagnostics makes a broad range of routine and advanced testing convenient for you and your patients. Quest Diagnostics offers appointment scheduling by providers or members for laboratory services at their patient service centers. Appointments can be made by phone **(866) MYQUEST (697-8378)**, or through their website, www.questdiagnostics.com. You may also confirm specific tests by visiting the

Quest testing center site to confirm whether or not a test is available. The link is located at: <http://www.questdiagnostics.com/testcenter/TestCenterHome.action>.

In addition, per your contract with Florida Blue, you have agreed to refer to participating providers under most circumstances. Quest Diagnostics, **including** AmeriPath and DermPath Diagnostics are the preferred laboratory providers for most Florida Blue plans and for members of other Blue Plans accessing services in Florida through BlueCard®. To review additional participating laboratory providers, please view our Online Provider Directory on our website at: <https://providersearch.floridablue.com/providersearch/pub/index.htm>

For more information regarding lab referrals, please refer to the *Manual for Physicians and Providers* on our website at: www.floridablue.com. ■



MEDICAL NOTES //

New health care disparities and cultural competency resources are available

At Florida Blue, we recognize the importance of providing health care that is culturally competent. As Florida's population continues to grow in diversity, the ability to communicate with people from different cultures is an important part of serving our members.

Cultural competency impacts the ability to achieve equitable and quality health care for all our members, as well as the communities we serve, by reducing health care disparities, enhancing health literacy, and providing culturally and linguistically appropriate services.

Offering cultural competency training and resources to Florida Blue's health care professionals is an important component of improving the quality of care delivered to our diverse populations. You can find helpful information on our new and improved Health Care Disparities and Cultural Competency provider webpages. Navigational improvements are now included on the site as well as new patient education materials and a new language services section.

Dr. Deborah Stewart, Florida Blue's client solutions medical

director, and Carl Patten, director of the [Florida Blue Center for Health Policy](#), explore why health disparities in Florida are especially challenging, and how Florida Blue is addressing them in the podcast and blog, [Health Care Disparities: Why Florida is a High-Definition Reflection](#).

Other new resources recently added to the website include:

- [CAHPS Disparity Quick Reference Guide](#) designed to help health care professionals address patients experiencing disparities.

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- [Patient Communication Tips Presentation](#), created by Florida physicians, includes communication techniques and models to better engage our very diverse Florida population.
- [Cultural Competency for Health Care Providers](#), an enhanced release of computer-based training module, accredited for 1.0 CEU contact hours for Florida nurses.
- [Patient Education Materials](#), includes disease management, health prevention and at risk population educational resources.
- [Language/Interpretation Services](#), a variety of language resources available to ensure effective communication between Limited English Proficiency patients and health care providers.

For more information on Florida Blue's Cultural Competency programs, please contact **Deborah Stewart, M.D.**, at **904-905-7922**. ■



MEDICAL NOTES //

Five tips to improve the quality of care for people diagnosed with alcoholism and drug dependency

Florida Blue and New Directions Behavioral Health are committed to working with participating physicians to improve the quality of health care for members diagnosed with alcoholism and drug dependency.

We use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®) to measure performance. The objective of the Initiation and Engagement of Alcohol and Other Drug Dependency Treatment measure is to ensure that members receive the recommended three follow-up visits after a diagnosis of alcohol and drug dependency. Primary care physicians can provide follow-up care or refer members diagnosed with alcohol and drug dependency to New Directions Behavioral Health.

Below are five tips to improve the quality of care for people diagnosed with alcoholism and drug dependency.



- 1. Determine the risk level**
Screen your patients by asking about their present and past pattern of prescription and non-prescription substance use.
- 2. Arrange the first visit within 14 days of diagnosis**
Make sure the initial treatment visit occurs within 14 days of diagnosis and schedule two additional appointments within 30 days of the first visit.
- 3. Keep your patients engaged**
Educate your patients about the importance of follow-up care and treatment adherence. Treatment adherence is key to preventing relapse.
- 4. Document the condition properly**
Include the AOD diagnosis on the claim. Recording a patient's primary and secondary diagnoses and treatment is essential for effective follow-up services.
- 5. Remember the A's**
 - **Advise** – Provide education on diagnosis and associated risks
 - **Assess** – Evaluate patient's readiness to stop the behavior
 - **Assist** – Collaborate with your patient to create a treatment plan. Offer recommendations based on readiness and consider barriers to success
 - **Arrange** – Provide referrals for substance abuse treatment and healthcare providers for co-occurring medical concerns

Have questions or need advice on how to refer patients? Please call New Directions Behavioral Health at **866-730-5006**. Your patients can speak with a behavioral health care professional by calling toll-free **866-287-9569**, 24 hours a day, 7 days a week. ■



Obtaining precertification for out-of-state members

Florida Blue developed a new computer-based training presentation to assist providers in obtaining a preservice review through a BlueCard® member's Home Plan portal. The training provides guidelines to help providers login to Availity®¹ and submit preservice review requests. Providers can now access the preservice review information electronically when the member's Home Plan has this capability.

The [Electronic Provider Access CBT presentation](#) and other helpful

topics are located on the Florida Blue website at [FloridaBlue.com](#); select the Provider Tab, then **Online Training for Providers**.



Please let us know what you think of the information by completing a brief survey at the end of the presentation. We appreciate your feedback and will consider it when developing additional training modules. ■

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, please visit Availity's website at Availity.com.

PHARMACY //

Coverage change for intra-articular hyaluronan injections

Florida Blue and Florida Blue HMO (Health Options, Inc.) changed medical necessity criteria for intra-articular hyaluronan drugs, commonly referred to as viscosupplements. Effective April 1, 2015, they are no longer considered medically necessary.

We implemented this change due to recent changes in guidelines from the American Academy of Orthopedic Surgeons and to align with current treatment standards. Use of articular hyaluronan injections is

associated with clinically irrelevant benefits and an increased risk of serious adverse events. The change also aligns with the Blue Cross and Blue Shield Association's policy on intra-articular hyaluronan injections. This policy change does not affect Medicare members or members covered by the Federal Employee Program health plan.

The following drugs are affected by this change:

Code	Description
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose

Members who have obtained authorization from Florida Blue or Florida Blue HMO for a course of viscosupplement injections prior to April 1, 2015, will continue to be covered through the approved course of therapy. For members who do not

require an authorization, the new medical coverage guideline applies to all dates of service on or after April 1, 2015, and any such claim will deny as not meeting our medical necessity criteria. ■



Commercial and other pharmacy program updates effective April 2015

Florida Blue implemented several changes to our pharmacy programs on April 1, 2015. The modifications affect medications that require prior authorization, the Responsible Steps Program, the Responsible Quantity Program and the pharmacy coverage exclusions list.

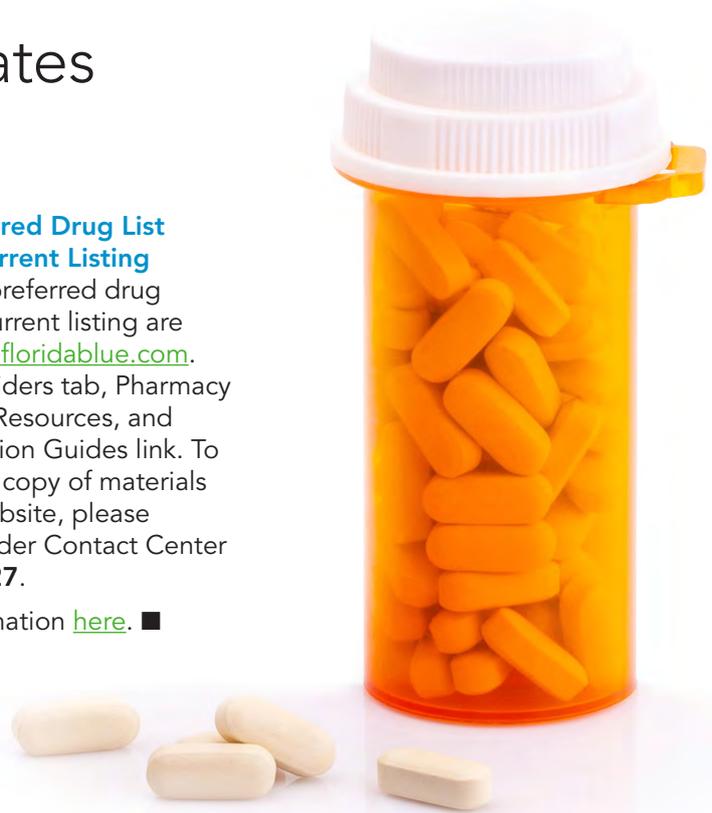
Authorization Request forms

Authorization request forms are available at www.floridablue.com. Click on the Providers tab, and then click Pharmacy. A listing of the programs and authorization forms can be found there.

Pharmacy Preferred Drug List Changes and Current Listing

Changes to our preferred drug list as well as a current listing are available at www.floridablue.com. Click on the Providers tab, Pharmacy Information and Resources, and then the Medication Guides link. To request a written copy of materials posted to our website, please contact our Provider Contact Center at **(800) 727-2227**.

View more information [here](#). ■



NEWS OF NOTE //

How a Naples physician practice has come to terms with ICD-10

Advance Medical of Naples, L.L.C. specializes in primary care and occupational medicine, employs 10 full-time providers and has a total of 74 employees. **Lori Ann Martell**, LPN, CMPE, Practice Administrator for this practice, enthusiastically shares how the group continues to prepare for ICD-10 in hopes of inspiring others preparing for ICD-10 implementation on Oct. 1, 2015.

"It's an awful thing, in the middle of your busy day, to think OMG, not being prepared for ICD-10 could actually put us out of practice! Realizing this, we moved ahead, breaking the work down into little components which have been key for our progress," says Lori.

The practice formed an ICD-10 workgroup which consists of six employees who represent areas of the practice believed to be most impacted by ICD-10. The group meets regularly and has set measurable goals.

"Staff was empowered to succeed in the ICD-10 space," says Lori. *"We realized that booking a patient on an incorrect chief complaint could lead clinical staff to assume a certain template development. This would take us half way through intake before we realized we were off course. So, we identified appropriate staff for performance improvement."* The practice trained those who required educating and others were cross trained to function in multiple roles:



- Front desk and phone operators learned medical terminology resulting in improved accuracy in entering chief complaints.
- EPM and EMR were altered for front desk access – now they could cross into the clinical area; accuracy of documentation now supported complexity of coding and diagnosis. User licensing costs increased according to Lori. However, the practice expects time management utilization and better use of provider time to offset this cost.

It became very clear that the practice should focus on clinical documentation improvement tactics. They developed information templates – adding one new template per month. Lori reported, “We have become more disciplined about incorporating clinical data back into the patient’s record so we could see the disease process. This was an eye-opener as we realized this had been a missing link for the practice.”

To capture more patient detail during patient intake, the practice rebuilt and developed patient intake-related forms and other documentation tools and vehicles. “In any medical practice, staff gets busy and the detail, at times, gets lost. We realized how important having the correct details – accurate clinical data - is for ICD-10 coding. Though it may seem arduous at first, spending time getting the extra detail and information needed lined

up, consider the rewards, -- less paperwork, cleaner claims, faster claim turn-around and fewer delays and ultimately, improved data which equates to improved quality of care,” comments Lori.

The practice made sure they updated to the latest version of software and trained their staff on the updates and changes.

Billing staff, front desk leads, IT and the office administrator received AAPC ICD-10 training. “One clever thing the practice did was to educate our front desk receptionist and non-clinical licensed staff on basic anatomy and medical terminology. This resulted from earlier analysis regarding operational deficiencies. We learned this staff was technically skilled but lacked the knowledge to identify conditions,” adds Lori.

Although the practice is presently managing a significant physical

move, it hasn’t wavered in implementing its ICD-10 readiness strategy. According to Lori, their next key milestone is to complete ICD-10 end-to-end testing with Florida Blue and Medicare, targeted for May. Lori admits, “We understand how critical it is to test ICD-10 end-to-end, so we are confident we will have no surprises come October 1.”

Will you follow Advance Medical’s lead and be prepared for ICD-10 this Oct. 1? Be sure to rely on CMS, your payers and vendors as well as your medical associations for ICD-10 tools, education and resources. Do not overlook the value of testing with your payers and vendors. Build your ICD-10 action plan; locate face-to-face educational events, access webcasts and more by visiting www.roadto10.org/. Remember to visit www.FloridaBlue.com/icd10 today for information on testing with Florida Blue.

Florida Blue’s ICD-10 testing: Window of opportunity is closing!

At this juncture, the ICD-10 lights appear to be flashing green and we encourage providers to progress forward and prepare for the Oct. 1, 2015 mandate. Take the necessary steps for ICD-10 success which includes improving your clinical documentation, upgrading your systems, educating your staff, and testing. If you’ve not engaged in ICD-10 testing, consider it now.

Florida Blue continues to test end-to-end with providers and posts the test results for all to see on our ICD-10 web page (floridablue.com/icd-10). Our results show specifically who we have tested with and includes physicians/providers by specialty.

Although capacity for testing ICD-10 end-to-end with us may still exist, the window of opportunity is narrowing quickly as we approach the implementation deadline. NOW is the time to test ICD-10 with Florida Blue. DO NOT WAIT ANY LONGER. Contact us via email @ ICD-10testing@floridablue.com to jump start your ICD-10 testing today.



ICD-10 Open Line Friday Teleconferences:

Where industry experts and stakeholders collaborate over ICD-10

Providers, both in and out-of-state, continue to participate in our monthly ICD-10 Open Line Friday teleconference. This is where industry experts including providers, peers, payers and other entities join forces to share facts, ideas and best practices as we all prepare for the move to ICD-10 on Oct. 1, 2015. Open Line Friday is free and there's no need to register, simply call toll-free. If you are not already a regular attendee, start collaborating with us!

Are you unavailable on Fridays? You can listen in any time, any place – by accessing our recorded Open Line Friday podcasts. Collaborate with us today!

¹Availity LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at Availity.com.

Intended Audience:

Health care providers, clearinghouses, electronic trading partners, billing services, health plans, payers and other interested parties.

Program Panelists/

Guests are comprised of industry experts and stakeholders. These include representatives from Availity^{®1}, Baptist Health South Florida, Florida Blue, Health Data Consulting, Mayo Clinic, Nachimson Advisors, Tampa General Hospital, Springs Family Physicians, Secure EDI and more.

Visit floridablue.com/icd-10

 Follow us on Twitter @FLBlue



**KEEP
CALM
AND
START
COLLABORATING**

TELECONFERENCES:



- 3rd Friday of Every Month
- 9:30 a.m. – 10:30 a.m. ET
- Registration is not required.

Call: (800) 882-3610 or (412) 380-2000
Passcode: 6829655

Presentation(s), though not required, are available at floridablue.com/icd-10 (select Open Line Friday).

PODCASTS:



- Any day, any time
- Open Line Friday teleconferences are recorded and made available as a podcast following each teleconference.

Visit: floridablue.com/icd-10, select podcasts; and blog.floridablue.com (search ICD-10)

Transcripts and presentations are available with each podcast.

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