BlueLine

For Physicians and Providers

SPRING 2016

Florida Blue

FEATURE ARTICLE

Places of Delivery Care Model

Collaborating to care for high-risk patients

Dr. Elana Schrader

We are transforming our medical management model and setting the stage to serve our members in a whole new way with quality and affordability as the main focus. We are talking with providers from around the state about leveraging each other's expertise and building meaningful partnerships to change the way we care for our high-risk patients.

One new way we are delivering care is our enhanced approach to managing complex care through our Places of Delivery (PODs) model of care. We have combined teams of experts from different disciplines of medical and care management including physicians, nurses, disease managers, pharmacists, social workers and others who are intensely focused on supporting the local delivery of care to Floridians.

The teams in these PODs will help to coordinate the care for our members who have multiple, severe or complicated health issues across all our plans, whether they are covered through a group plan or as an individual through an Under 65 or Medicare Advantage plan. By being intimately involved with the patient's coordination of care through a holistic approach, we can improve the patient's care, their health outcomes and build trust with them.

"This is one of the most ground-breaking things we're doing as an organization," says Dr. Elana Schrader, Chief Medical Officer and PODs principal. "This is how we live out our mission of helping people and communities achieve better health – right in our own backyard. And at the same time, this focus on the sickest of the sick is also renewing focus on managing medical care and costs and quality for the rest of our membership. With this integrated approach, across both the core and traditional medical management, and these PODs, we are seeing the newest and most effective programmatic change to our medical management arena."

Dr. Schrader explains that product and data analytics will play a big part in the success of the PODs and how our members experience our organization. For example, data analytics can help us better identify if

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the member has selected one of our quality primary care physicians, is likely to be admitted or readmitted to the hospital, or is taking their medications as directed.

"We're integrating data analytics into everything we do," she said. "And we're going to see a strong, integrated medical management strategy and a better approach across our business. Data analytics is essential because with more information we can enable better quality, better outcomes and affordability for our members. We've set out to do that and we're going to be successful at it."

While we have exciting changes happening now and are more poised for the future, Dr. Schrader stresses patience. "When you're leading change, you have to be willing to face some challenges," she said. "But, being part of something new and leading change in meaningful ways makes all the hard work, uneasiness, and even mistakes, worth it. We're excited to be working more collaboratively with our provider partners and being on the forefront of all this great change – it's an exciting place to be.

Help BlueMedicare-covered patients get the most from preventive services

A routine physical may sound synonymous with an annual wellness visit, but when it comes to making sure BlueMedicare-covered patients get the most out of their health plans — and that physicians get reimbursed for all the services they provide — it's important to know the distinctions between these two terms.

BlueMedicare covers two types of annual visits for its members: the one-time only Initial Preventive Physical Examination (IPPE), which must take place during the first 12 months a patient is on Medicare; and the Annual Wellness Visit (AWV) which begins during a patient's second year on Medicare. Although doctors may be providing similar services, routine physicals are not covered by BlueMedicare.

During the IPPE, also called a Welcome to Medicare visit, patients can have a preventive electrocardiogram (EKG). At any other time, BlueMedicare does not cover EKGs on a preventive basis — only as a diagnostic tool. So make sure your BlueMedicare-covered patients access this benefit. BlueMedicare also covers a wide array of preventive screenings, most of which are at no cost to patients. These include colorectal cancer screening, mammography, depression screening, diabetes screening and more. For a full list of preventive services covered by BlueMedicare and associated billing codes, please visit the Preventive Services Chart at cms.gov.

In addition, BlueMedicare covers vaccines for pneumonia, influenza and hepatitis B. These vaccines are all at no cost to patients. Ensuring BlueMedicare-covered patients access all of these preventive services can help keep them healthy both physically and financially.

myBlue HMO:
What you need to remember

myBlue HMO is a gatekeeper plan. This means the myBlue-covered patient's primary care physician is required to issue all referrals or services or may not be covered. Providers can verify that a myBlue patient's primary care physician issued a referral prior to providing services electronically through Availity®[1] at availity.com.

Here's what you'll need to remember about myBlue:

Only a myBlue-covered patient's assigned primary care physician can issue a referral.

- myBlue primary care physicians are responsible for issuing referrals to specialists. Primary care physicians who are part of a multi-specialty group must issue a referral in order for a myBlue-covered patient to visit a specialist within the same group.
- myBlue-covered patients must have a referral and/or authorization on file. If an authorization or referral is required and one is not on file, then a myBlue-covered patient may not be protected for any services. Authorizations are required for most services.

  Exceptions include:

  - Obstetrician/gynecologist, podiatrist, chiropractic or dermatology (first five visits only)
- myBlue provides no coverage for out-of-network services except for emergency services. If a myBlue-covered patient travels out-of-state, these may be coverage for urgent care centers.
- Patients must be referred to in-network myBlue HMO providers.

  Exceptions include:

  - Services rendered in any emergency room or in-network urgent care or convenient care center (authorization is required for in-patient services)
- myBlue pharmacy coverage includes CVS and Navarro pharmacies only as participating providers. Prescriptions filled at any other pharmacy will not be covered.

Here's how you can help myBlue-covered patients:

+ Contact your newly assigned patients and get them scheduled for a wellness check-up.
+ Contact your patients after an ER visit or hospitalization.
+ Coach and counsel patients on wellness activities and develop care management treatment plans.
+ Monitor preventive care and disease management for patients.

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

Helpful myBlue Resources

To learn more about myBlue HMO, please refer to the helpful resources listed below. You can find them on our website at **floridablue.com.**

- myBlue online training presentation – this presentation provides a helpful general overview
- myBlue HMO frequently asked questions for providers
- myBlue manual – for details about the product, referral and authorizations requirements and billing
- myBlue Provider Handout, Getting Started

myBlue

Start the conversation with BlueMedicare-covered patients about their personal health conditions

Do you find during annual wellness visits, your patients may not always remember to ask or bring up all their concerns affecting their health, particularly sensitive topics such as depression or urinary incontinence? Below are some topics to discuss with your BlueMedicare-covered patients during wellness visits and checkups:

- Urinary incontinence and treatment options.
- Physical activity/exercise and recommended body mass index (BMI). Encourage your patients to take simple, doable steps, such as losing just 10 percent of body weight or doing exercise they can handle, such as short walks or gardening.
- Fall risk prevention and safety measures. Let your patients know that removing throw rugs from the house or improving lighting could help reduce their fall risk. Poor vision or side effects from medications could be affecting them too.
- Osteoporosis testing, prevention and treatment options.
- Social functioning and mental health. Ask about your patient's family and social support system.

- Regular medication reviews. Ask patients about supplements and pain relievers they might take since they may not report this as medication.

My Advocate delivers services to help patients and their practitioners

We have retained Altegra Health, a quality and care solutions vendor, to conduct member outreach, screening and advocacy services to assist Medicare Advantage and qualified covered health plan patients and their practitioners.

As of April 1, 2016, Altegra's outreach program, **My Advocate**, delivers three services to your Florida Blue and Florida Blue HMO-covered patients mentioned above. These services include:

- Smart Appointment Scheduling;
- Clinical Care Visits; and
- Smart Connect.

Smart Appointment Scheduling is a 3-way call between Altegra, the patient, and the health care practitioner to set-up a future appointment between the patient and practitioner. The practitioner will receive a faxed confirmation of the visit. To make sure you receive these confirmations, be sure your fax number is up-to-date with Florida Blue. To validate this is correct or to submit any changes to your information, please visit floridablue.com/providers, select "Provider Data Management, Get Started" or "Register Now", then "Update My Information" and "View and Update Your Provider Information".

For the **Clinical Care Visits**, Altegra's licensed practitioners will conduct health risk assessments in the patients' homes. Results and follow-up care recommendations will be left with the patient and mailed to the patient's practitioner.

Smart Connect is an automated calling service for engaging patients. Patients will receive personalized education and targeted messages. Smart Connect calls are intended to drive compliance, improve health outcomes and connect patients to care management solutions.

While Altegra Health is not a replacement for the physician-patient relationship, these services by Altegra will help practitioners by assisting patients with scheduling visits, screening patients for potential problems and providing clinical care visit notes for the practitioner to use for the patient's visit.

RadMD makes it easy for ordering and imaging providers

RadMD® is a user-friendly tool offered by National Imaging Associates, Inc. (NIA) that provides you with real-time access to high-tech imaging authorization and supporting information practitioners want, in an easily accessible Internet format. Whether submitting imaging exam requests or checking the status of ordered exams, RadMD is designed to be an efficient, easy-to-navigate resource.

Benefits of RadMD Access:

- Secure access to protect your data and your patients' personal health information.
- Up-to-the-hour authorization information, including:
  - Date request initiated
  - Date exam approved
  - Authorization validity period
  - Valid billing codes (CPT®), and more.
- NIA's evidence-based clinical review criteria, NIA's *Diagnostic Imaging Guidelines*.
- NIA's Imaging Update provider newsletter.
- Technical support is available for your questions.

Ordering physicians can access a number of key tools:

- Straightforward instructions for submitting exam requests, including the ability to submit multiple requests in the same online session.
- Appropriate ICD-10 code lookup.
- Continuous updates on authorization status (reduces time on the phone with NIA).
- Fast authorization decisions available to you online.
- Ease of searching for and selecting convenient imaging facilities (primary search criteria: search by zip code)
- Ease of faxing or uploading clinical documents for requests that are pended (faxed clinical information should be accompanied by the Optical Character Recognition (OCR) fax cover sheet). Files that can be uploaded include:
  - Microsoft Word documents (.doc files)
  - Image files (.gif, .png, .jpg, .tif, and .tiff files)
  - Adobe Acrobat files (.pdf files)
  - Text documents (.txt files)

Files must be less than 10 MB in size.

**It is important that clinical information/documentation supporting medical necessity be submitted in a timely manner to complete the review process.* Additionally, please ensure requests for peer-to-peer discussions are also responded to timely if applicable.

Imaging facilities can benefit from being able to quickly view the approved authorizations for their patients, facilitating prompt service for patients who require imaging procedures.

How to get started

Go to RadMD.com, click the New User button and set up a unique username/account ID and password for each individual user in your office or facility. Your RadMD login information should not be shared. This further protects members' personal health information. For assistance or technical support, please contact RadMDSupport@MagellanHealth.com or call **(877) 80-RadMD** (**(877) 807-2363**). RadMD is available 24/7, except when maintenance is performed once every other week after business hours.

powered by RadMD the imaging experts

Diagnostic imaging medical necessity review procedure code updates

On May 1, 2016, National Imaging Associates, Inc. (NIA), on behalf of Florida Blue will expand their medical reviews for all advanced imaging services, such as CT Scans, CTAs, PET Scans, MRIs, MRAs and nuclear medicine to include the following procedure codes:

Authorized CPT Code	Description
74712, 74713	Fetal MRI

This update does not change the program or preauthorization requirements currently in place for advanced imaging services.

NIA is an affiliate of Magellan Health Services. RadMD is a Website application of NIA.

Value-based provider programs help you financially by improving your patients' health

The provider payment paradigm is shifting from an illness model to one focused on wellness and value as measured by the quality of care for the overall cost. As a part of this transition, Florida Blue's value-based provider programs pay providers more money for helping people get healthy faster and stay healthy longer.

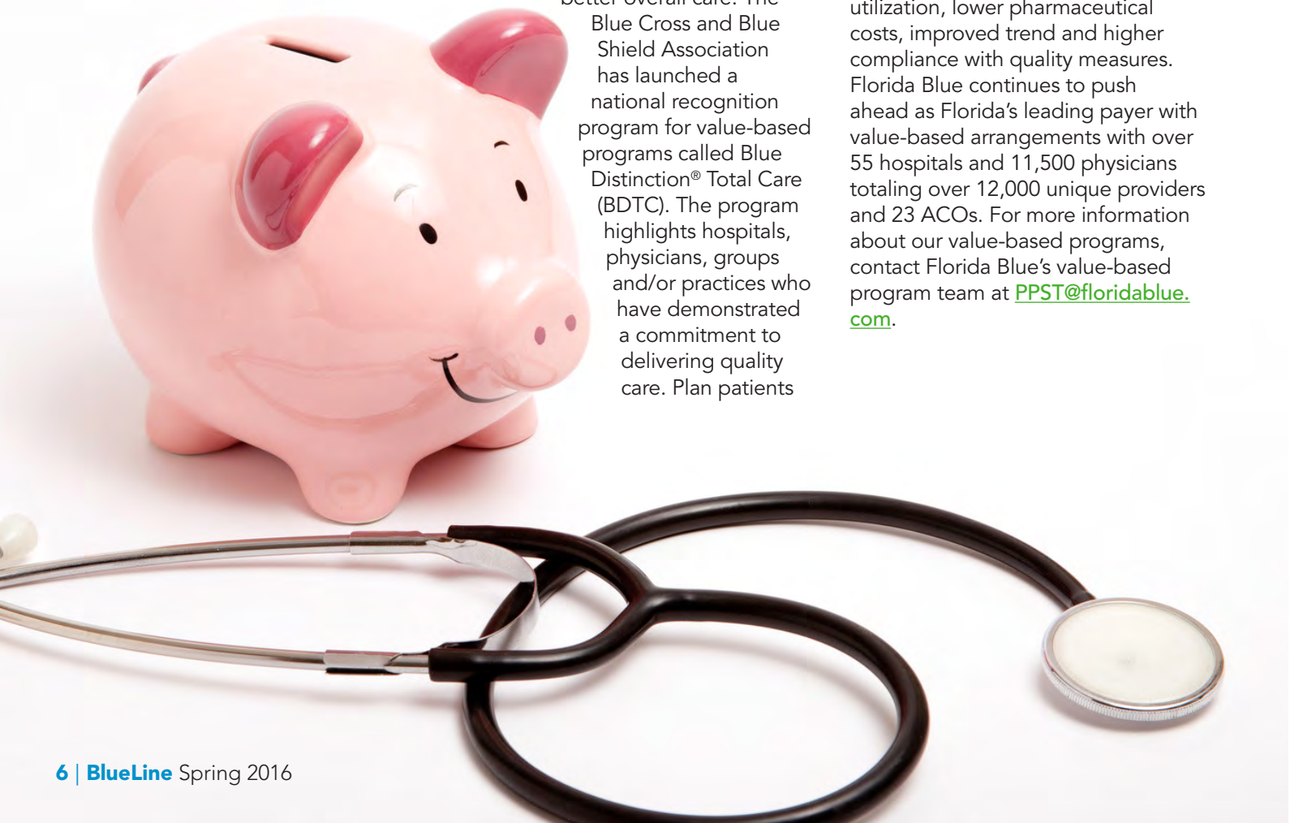
Primary Care Physicians (PCPs) in our Patient Centered Medical Home (PCMH) programs receive up to a 16% increase in the allowed amounts for certain services. Organizations in our Accountable Care Programs (ACPs) receive a shared savings incentive payment for holding the line on cost while maintaining standards of care.

To help providers succeed in value-based programs, we produce data and reporting to help providers change clinical and business procedures to improve prevention, wellness and save money. Every day we alert value-based providers about hospital admission for their Florida Blue-covered patients to improve the transition of care. Each month we deliver reports about missing preventive care, patients with emergency room and inpatient use, generic dispensing rate, patients without PCP visits and high-cost patients. Because sharing data does not automatically ensure success, our dedicated staff review reports with providers and help them through ongoing practice transformation. We also connect value-based providers to Florida Blue nurses to help people access disease and case management services available as a part of their health plan.

In addition to payments, reporting and consulting, we highlight value-based providers in the Florida Blue online provider directory, showcasing our commitment to shift the payment paradigm and help people receive better overall care. The Blue Cross and Blue Shield Association has launched a national recognition program for value-based programs called Blue Distinction® Total Care (BDTC). The program highlights hospitals, physicians, groups and/or practices who have demonstrated a commitment to delivering quality care. Plan patients may visit the Association's National Doctor and Hospital Finder to see how participating physicians in a variety of specialties perform on measures of quality and to learn more about the measures. This year, it is expected that some national accounts will offer their employees enhanced benefits for seeking care with BDTC providers.

Florida Blue encourages value-based providers to let their patients know they have someone who is accountable for their experience, able to assist them and making sure they have access to high quality care and support to navigate the complex health care system.

Value-based programs have demonstrated success over the past few years. We now have over a third of the commercial medical spend aligned to value-based programs that are achieving fewer inpatient admissions, less emergency room utilization, lower pharmaceutical costs, improved trend and higher compliance with quality measures. Florida Blue continues to push ahead as Florida's leading payer with value-based arrangements with over 55 hospitals and 11,500 physicians totaling over 12,000 unique providers and 23 ACOs. For more information about our value-based programs, contact Florida Blue's value-based program team at PPST@floridablue.com.



Comprehensive Quality and Risk Program takes a rounded approach to assess your patients' health

Florida Blue and Florida Blue HMO recently initiated a new quality program, the **Comprehensive Quality & Risk Program**, for people enrolled in our Medicare Advantage (BlueMedicare℠) and myBlue℠ qualified health plans. The program aims to bring the patient and their physician together to holistically evaluate the patient's health condition, lifestyle and overall well-being.

As primary care physicians examine, evaluate and treat patients, they should complete the new Comprehensive Quality & Risk Program Health Assessment Form for any patients identified by Florida Blue. The form is available electronically through Availity at Availity.com and once completed, can be downloaded as part of the patient's medical record.

Primary care physicians who complete the health assessment form through Availity for identified patients and submit a corresponding claim with the identical date of service will be eligible to receive $150 per assessment form from Florida Blue. Both the assessment form and claim must be received before payment is made. Only one $150 payment per identified patient is available each year. The health assessment form may be subject to review by Florida Blue to ensure supporting documentation for identified conditions is present prior to payment.

Physicians are reminded to submit claims to Florida Blue with appropriate coding for conditions documented in the patient's medical record and the assessment form. For guidance, refer to Using Availity for the Comprehensive Quality & Risk Program.

Providers who have questions about the Comprehensive Quality & Risk Health Assessment Program, should refer to the program FAQs or contact their Florida Blue Network Manager. For questions related to the program form, providers should call **(800) 282-4548**.

Help your patients improve their health literacy

Chances are that some of your patients are among the millions of people in the United States whose health may be at risk because of difficulty in understanding and acting on health information.

Health literacy is the ability to read, understand and effectively use basic medical instructions and information. Low health literacy can affect anyone of any age, ethnicity, and background or education level.

People with low health literacy:

- Are often less likely to comply with prescribed treatment and self-care regimens.
- Fail to seek preventive care and are at a higher risk (more than double) for hospitalization.
- Remain in the hospital nearly two days longer than adults with higher health literacy.
- Often require additional care resulting in annual health care costs that are four times higher than those with greater literacy skills.

You may not even know these patients are in your practice because:

- They are often embarrassed to admit they have difficulty understanding health information and instructions.
- They use coping mechanisms that effectively mask their problem.

How you can help improve health literacy

Partner with the Partnership for Clear Health Communication at the **National Patient Safety Foundation**™. The Partnership for Clear Communication is a coalition of national organizations that are working together to promote awareness and solutions around the issue of low health literacy and its effect on safe care and health outcomes.

Ask Me 3™ is an educational program provided by the Partnership for Clear Health Communication. Visit their website at **npsf.org/askme3** for brochures to post in your waiting and exam rooms and for distributing to your patients.

The U.S. is battling the prescription drug abuse and heroin use epidemic

The United States is in the midst of an alarming prescription pain medication overdose epidemic. More Americans now die from prescription drug overdoses than from car accidents. The majority of those overdoses involved legal prescription drugs. In 2013 alone, overdoses from prescription pain medications killed more than 16,000 Americans. Since 1999, sales of prescription pain medications skyrocketed by 300%. In 2012, 259 million prescriptions were written for these drugs – more than enough to give every American adult their own bottle. Four in five heroin users started by misusing prescribed pain drugs. These (prescription pain medications) are gateway drugs[1].

On Oct. 21, 2015, the government announced an extensive plan to fight the opiate addiction and clamp down on the overprescribing of these powerful drugs and released a Presidential Memorandum – Addressing Prescription Drug Abuse and Heroin Use to Heads of Federal Departments and Agencies directing two primary steps to fight the epidemic:

1. **Prescriber Training**: Federal health care personnel will be trained in appropriate prescribing of opioids and establish the government as a model for similar initiatives developing across the country.
2. **Improved Access to Treatment**: To improve access to treatment for prescription drug abuse and heroin use, the memorandum directs Federal Departments and Agencies that directly provide, contract to provide, reimburse for, or otherwise facilitate access to health benefits, to conduct a review to identify barriers to medication-assisted treatment for opioid use disorders and develop actin plans to overcome the barriers.

State, local and private sector actions will also address the prescription drug abuse and heroin epidemic. For more details and how the plan may impact you, refer to the Fact Sheet: Obama Administration Announces Public and Private Sector Efforts to Address Prescription Drug Abuse and Heroin Use. For more information on addiction treatment and responding to an overdose, refer to the U.S. Department of Health & Human Services recently published an overview of the opioid abuse epidemic.

The Affordable Care Act requires health plans in the Health Insurance Marketplace to cover substance use disorder and mental health services health benefits. Florida Blue plans offer these important benefits for our members. Should your patients have questions about these benefits, have them call us at **(800) 876-2227**.

[1]Mufson, S., & Zezima, K. (2015, Oct. 21). Obama announces new steps to combat heroin, prescription drug abuse. Video (AP). Available here.
[2] Fact Sheet: Obama Administration Announces Public and Private Sector Efforts to Address Prescription Drug Abuse and Heroin Use (2015, Oct. 21). Available here.

ICD-10 Implementation success continues

Thank you for helping us to implement ICD-10. Its implementation has been a success at Florida Blue, as well as a victory across the U.S. health care system.

We executed ICD-10 on Oct. 1, 2015 using our dual-mode contingency plan capability. Given the results of our physician and provider outreach efforts designed to transition non-compliant senders/providers to ICD-10 only, we are proud to report we were able to end our dual-mode operations several weeks earlier than planned.

To-date, Florida Blue has experienced the following:

- No material defects or issues that directly impacted physicians;
- Executing our dual-mode contingency plan and capabilities eliminated any direct impact to 1,553 unique entities and enabled them to transition to ICD-10 within a 30-day window; and
- Financial neutrality controls continue to indicate "no measureable differences and no payment anomalies identified to-date". These findings have been and continue to be validated by several external entities including a variety of hospitals and physician practices.

Thank you again for your hard work and preparation for the ICD-10 mandate.

Get fast, convenient and reliable service with our self-service tools

Florida Blue providers choose self-service options for many benefits including faster service, greater convenience, accuracy and ease of use. Faster service and greater convenience are big factors: cycle times are considerably faster when electronic self-service is selected over the manual service which relies on U.S. mail service. The self-service process takes the guess work out of what sections need to be completed and what supporting documentation is required to ensure a complete submission. This results in shorter processing time.

Whether using Availity for registration purposes, maintenance/ demographic changes (address, phone number, etc.) submitting Letters of Interest (LOI), and/ or requesting authorizations or referrals, providers are able to use self-service any time of the day or week. That means you are in control of changing your information when it's convenient for you.

Start using our self-service option through Availity today. It's simple, fast and available any time you are! Here's how to start:

1. Visit Availity.com and register.
2. Log on when you are ready to conduct your business.

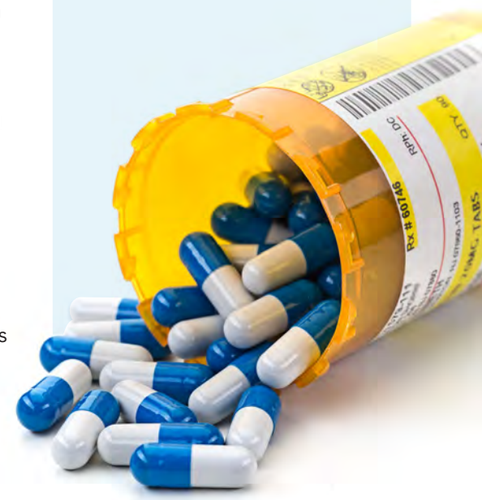
You may also obtain applicable referrals and authorization telephonically through Blue Express at **(800) 397-7337**. For additional information on submitting referrals and authorizations, please refer to the provider bulletin here.

See how easy and fast self-service really is – try it today!

Network Blue Commercial and other pharmacy program updates - effective April 2016

Effective April 1, 2016, several changes will apply to Florida Blue's pharmacy program. The modifications affect medications that require prior authorization, the Responsible Quantity Program, Responsible Steps and the pharmacy coverage exclusions list.

The changes are summarized in a provider bulletin that was published in March.



The benefits are yours.

What are you waiting for?

Verify your own or your group's information with us today. By doing so, you'll continue to receive Florida Blue's provider news and information regularly through our email, Bluemail. You'll also safeguard the information in our online provider directories so your Florida Blue current and future patients have your most accurate information.

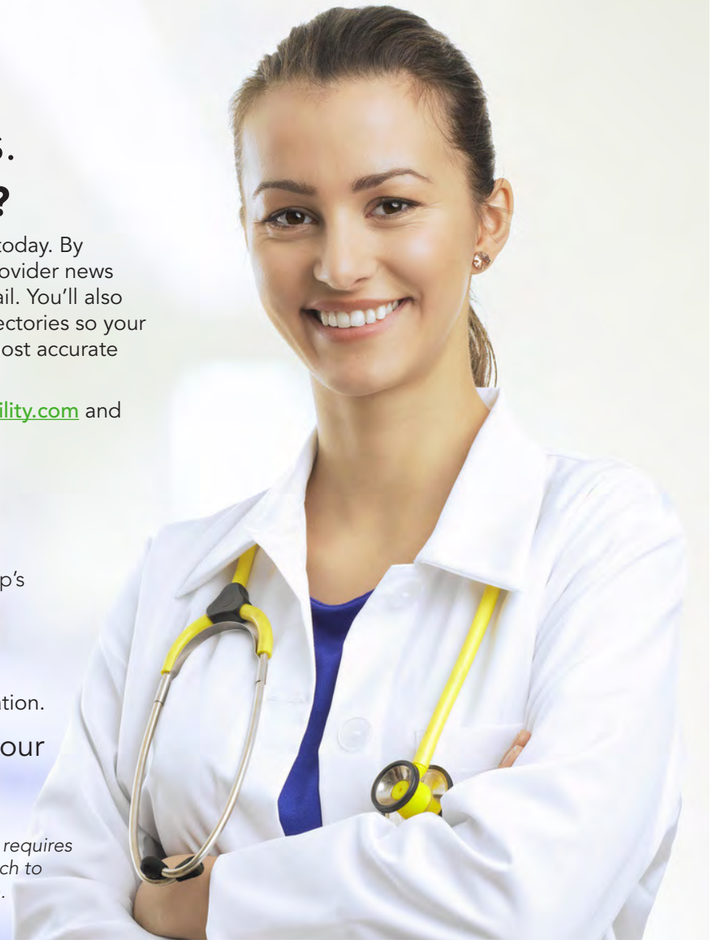
Updating the information is easy. Just log on to Availity.com and validate the following is correct:

- Street address
- Phone number
- Ability to accept new patients
- Other changes that may affect your or your group's clinicians availability to see new patients

If you're not registered with Availity, log on to the Availity site above and select "Register with Florida Blue". Then you can add all the appropriate information.

Verify your information today. It's to your advantage!

The Centers for Medicare & Medicaid Services (CMS) now requires health plans, like Florida Blue, to conduct quarterly outreach to contracted providers to validate their provider information.



What to do should we overpay your claim

If you determine a claim overpayment has been made by Florida Blue, you must complete the Claim Overpayment Recovery form and attach the applicable documents as indicated on the form including the refund reason, any corrected claim information or other payment information needed to post the refund such as a copy of the primary carrier's Remittance Advice.

Claim Overpayment Refund Form is available on the Florida Blue website at: https://floridablue.com/sites/floridablue.com/files/CT_ClaimOverpayment.pdf

Forms documents and checks should be sent to:

Florida Blue
Dept. 1213
PO Box 121213
Dallas, TX 75312-1213

Or for Express Courier Service: (e.g., DHL®, FedEx®)

Florida Blue
Lock box 891213
1501 North Plano Rd., Richardson, TX 75081

Refund Tips

- Complete this form and attach the applicable documents indicated below. Correct claim information is needed to post the refund.
- When an overpayment applies to some of the claims on a check: Cash the check and issue a refund check to Florida Blue. Attach the check and a copy of the remittance advice – circle the refunded claims.
- When an overpayment applies to all claims on a check: Attach the Florida Blue check and a copy of the remittance advice.
- If the overpayment is due to submission of incorrect claim data: Attach the corrected claim, the refund check and copy of the remittance advice – circle the refunded claims.
- If the overpayment is because another carrier made a corrected claim payment: Attach the other carrier's Explanation of Benefits (EOB) or corrected EOB and the refund check.
- If the refund is for multiple claims, also attach our remittance advice and circle the claims being refunded.

Our improved provider manual is receiving positive feedback

You may recall in November of last year, we announced the redesigned version of our *Manual for Physicians and Providers*. The new provider manual was changed to exist on our website in a PDF format and to include improved navigational features with a friendly print functionality.

Providers are finding that it's easier to navigate and find information. For example, providers can locate their most "searched for" information by referring to the newly added "frequently referenced" section that also provides easy print capabilities.

The frequently referenced section describes details regarding Florida Blue provider networks along with certain responsibilities, rules, policies, procedures and other requirements for physicians and all other providers.

Availity's Payer Spaces now gives you access to Florida Blue news and more

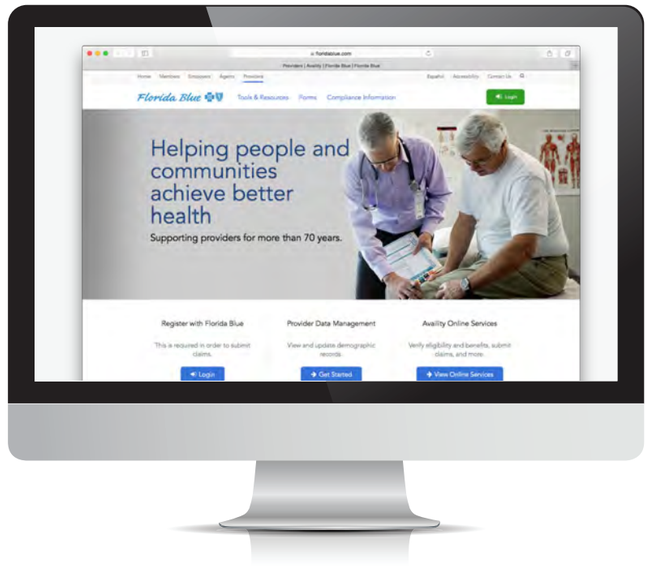
Florida Blue's providers now have a one-stop-shop for the latest Florida Blue news, applications and resources. Payer Spaces, a new tool within the Availity web portal, allows providers to directly access important links from Florida Blue and other payers without having to log in to multiple sites. Florida Blue providers can update directory information, request to join our network, submit risk assessments and HEDIS attestations, view panel rosters and more.

Providers who are logged into the Availity web portal can access Payer Spaces by simply clicking the Payer Spaces dropdown menu on the top right of the screen and selecting the Florida Blue icon. Interested in more details? Log in to the Availity web portal and click, "Learn with Florida Blue" for on demand training.

Florida Blue news and information at your fingertips

Simply log on to floridablue.com and select "Providers" at the top of the web page to gain access to helpful services, tools and information.

- Tools and resources (provider manual, forms, news bulletins, FAQs, Bluemail emails, online training, clinical programs information and more)
- Registration information
- Provider data management (view and update your demographic records)
- Availity online services (update your provider information, verify eligibility and benefits, submit claims and more)
- Compliance information
- BlueLine (quarterly newsletter with the latest news and information on plans and services, programs, claims and billing and more)



QUALITY AND COMPLIANCE //

Diabetes screening recommended for patients 2016 HEDIS Guidelines

Florida Blue, Florida Blue HMO and New Directions Behavioral Health® are dedicated to working with participating physicians to improve the quality of care for patients. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®).

A new HEDIS measure concerning the importance of diabetes screening and monitoring for patients taking antipsychotic medications (SSD & APM) and/or diagnosed with Schizophrenia or Bipolar Disorder is now available. We encourage you to perform this screening in your office or refer to it as needed.

According to the Agency for Healthcare Research and Quality, estimates indicate that Type II Diabetes is two to four times higher in individuals treated with second-generation antipsychotics than in the general population. The evidence suggests that treatment with antipsychotic medications increases the risk of developing diabetes due to associated glucose metabolic risks. Patients who are treated with antipsychotic medications should undergo routine, standardized diabetes screening and monitoring.

If a diagnosis of Schizophrenia or Bipolar disorder is made during hospitalization or at an outpatient visit, we recommend the member receive either a glucose or HbA1c test within the year of diagnosis to reduce the risk of diabetes-related complications and ensure quality outcomes. Glucose testing in addition to cholesterol testing is also recommended for children and adolescents who have at least two antipsychotic medication dispensing events.

2016 HEDIS Measure for Diabetes Screening

for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD); Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):

Adults (18-64) with a diagnosis of Schizophrenia or Bipolar Disorder OR Children and Adolescents (1-17) taking antipsychotic medications:

IDENTIFY

SCREEN: Glucose or HbA1C; for ages 1-17 also add LDL-C or other cholesterol test.

MONITOR: Diabetes/metabolic risk (ongoing)

We have retained **New Directions Behavioral Health** to coordinate behavioral health care services for your Florida Blue and Florida Blue HMO-covered patients. If you need to refer a patient or receive guidance on appropriate services, please call New Directions Behavioral Health at **(866) 730-5006**. Your Florida Blue and Florida Blue HMO covered patients can receive behavioral health care coordination and referrals around-the-clock, toll-free at **(866) 287-9569**.

Resource: 2015 NCQA HEDIS Technical Specifications Volume 2

QUALITY AND COMPLIANCE //

CAHPS & EES survey measures consumers' health care experiences

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is a mandated regulatory/accreditation survey sent to a select number of Medicare and commercial plan patients annually. CAHPS results are a component of Medicare Star Ratings, Health Plan Accreditation and NCQA Health Insurance Plan Ratings. As part of the new rating system for the Marketplace (Exchange) plans, patients are surveyed using the Enrollee Experience Survey (EES) which is similar to CAHPS.

CAHPS/EES collects information on consumers' experiences with their health plan, personal doctor, specialists and health care in general. It has become the national standard for measuring and reporting on consumers' experiences with their health plans.

The 2015 CAHPS/QHP EES Quick Reference Guide for Physicians provides some of the CAHPS survey questions and helpful suggestions to help enhance your patients' health care experience.

EDUCATION //

Coding chronic conditions

New interactive online lessons now available

Our Revenue Program Management (RPM) group has released the first of a series of online training lessons for coding chronic conditions. Covering conditions such as diabetes, cancer and COPD, these self-paced, interactive lessons replace the recorded webinars previously offered. For those who prefer a live webinar, RPM will still be offering them as well. You can access the online training through the Availity learning center at availity.com. More lessons are planned for release so check back often to see what's available.

Also available at Availity's website and on the Provider, Risk Adjustment Process webpage at FloridaBlue.com, is a new video on how we can help you with accurate medical coding and documentation as well as the compliance and management of patients with chronic conditions.

Check it out today!

900-1582-0416