



YOUR GUIDE TO PROGRAMS AND REWARDS

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A Focus on Antibiotic Stewardship

Cold and flu season will be here soon. It's a time when patients often ask for antibiotics to ease their symptoms. However, antimicrobial resistance (AMR) is one of the most serious global public health problems. To combat AMR, the Center for Disease and Control (CDC) advises optimizing how you use and prescribe antibiotics to protect patients from harm.



National Antibiotic Awareness Week is Nov. 18-24, 2024

The theme for the World AMR Awareness Week (WAAW) 2024 is "Educate. Advocate. Act now."

AMR is a growing global health and socioeconomic crisis. It has significant impacts on human and animal health, food production and the environment.

Drug-resistant-pathogens pose a threat to everyone, everywhere, and more public and stakeholder awareness is needed. This year's theme calls on the global community to educate stakeholders on AMR, advocate for bold commitments and take concrete actions in response to AMR.

Reducing Health Disparities by Improving Antibiotic

Health disparities are closely linked with social, economic and environmental disadvantages or other characteristics historically linked to discrimination or exclusion. These disparities could be created or worsened in communities with fewer resources to allocate to antibiotic stewardship activities that focus on improving antibiotic prescribing and use.

If not addressed, members may experience the harms of inappropriate use of antibiotics. This includes allergic reactions, side effects, overmedication, medication errors, **Clostridioides difficile infections**, or **greater burden of antimicrobial resistance**.

The HEDIS® measures that align with antibiotic stewardship are listed below, along with tips on how to maximize your performance.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

3 months of age and older

Goal of the Measure

Patients with acute bronchitis/bronchiolitis shouldn't be prescribed/dispensed an antibiotic unless a competing diagnosis or an exclusion applies, or the patient continues to worsen. Report and document if the patient has an exclusion or a competing diagnosis of infection such as otitis media, sinusitis, pneumonia or pharyngitis.

Note: Every episode counts, and patient compliance will be counted for every visit where acute bronchitis/bronchiolitis is diagnosed.

Appropriate Treatment for Upper Respiratory Infection (URI)

3 months of age and older

Goal of the Measure

Patients with only an upper respiratory infection shouldn't be prescribed/dispensed an antibiotic unless a competing diagnosis or an exclusion applies, or the patient continues to worsen.

Antibiotics may be appropriate for the following diagnoses:

- › Sinusitis (acute/chronic)
- › Pneumonia
- › Otitis media
- › Tonsillitis
- › Bacterial infection (unspecified)



Check out our Antibiotic Stewardship Pocket Guide!

Need a quick resource to use when talking to patients requesting antibiotics? Our Antibiotic Stewardship Pocket Guide is a great tool to have when talking to patients requesting an antibiotic.

To request them for your office, email Leigh_Sanders@bcbst.com.

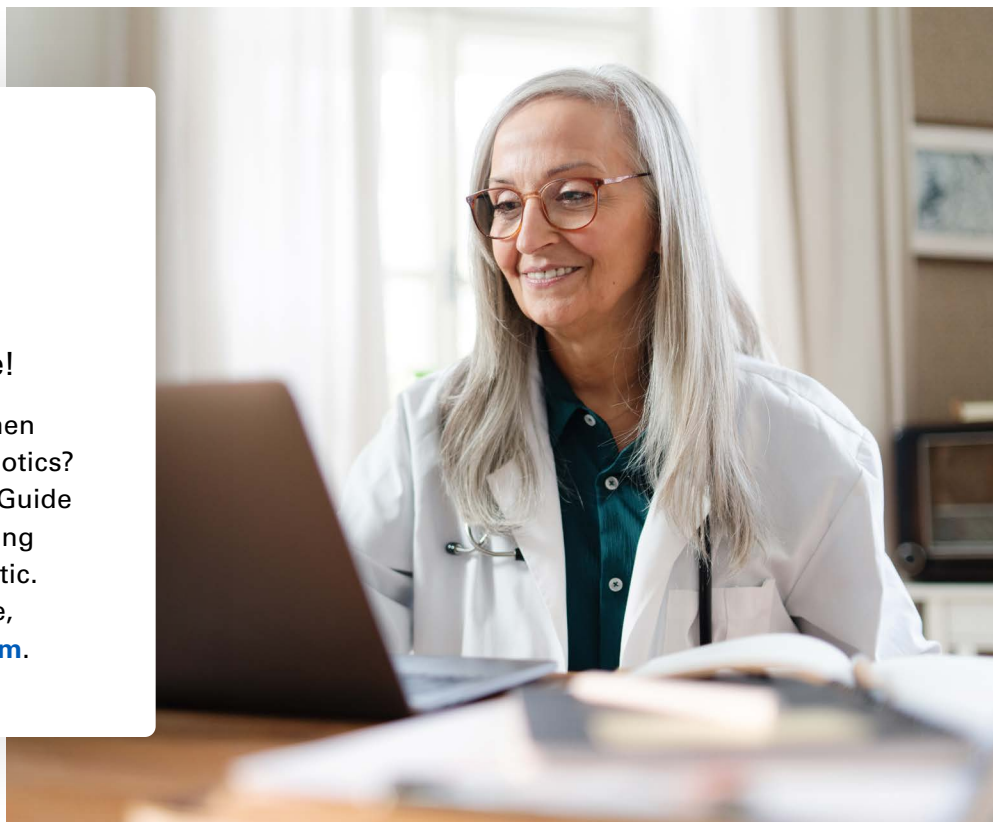
Appropriate Testing for Pharyngitis (CWP)

3 years of age and older

Goal of the Measure

Patients should have a strep test if they're diagnosed with pharyngitis or a related pharyngitis diagnosis (acute pharyngitis, acute tonsillitis, streptococcal, etc.) before they receive an antibiotic prescription.

You can find additional information and helpful provider resources online in our [Antibiotic Stewardship Toolkit](#).



Sources:

Center for Disease Control (CDC)

NCQA HEDIS Measure:
Technical Specifications for
Health Plans (HEDIS)

Vaccine Recommendations for Patients of All Ages

Vaccines are an important part of care for people of all ages – from babies to older adults. Well-visits are a covered benefit for our members and a great time to give immunizations.

Here's what's recommended by age to meet the HEDIS vaccine measures:

Childhood Immunization Status (CIS)

The following must be completed in full by a child's 2nd birthday:

- › Four diphtheria, tetanus and pertussis (DTaP)
- › Three polio (IPV)
- › One measles, mumps and rubella (MMR)
- › Three haemophilus influenzae type B (HiB)
- › Three hepatitis B (Hep B)
- › One hepatitis A (Hep A)
- › One varicella (VZV – chicken pox)
- › Four PCV (pneumococcal)
- › Two or three RV (rotavirus)

Note: For record review compliance, it's very important to include in the record whether the rotavirus vaccine is the two- or three-dose vaccine.

- › Two influenza (flu)

Immunizations for Adolescents (IMA)

The following must be completed in full by an adolescent's 13th birthday:

- › One meningococcal vaccine
- › One tetanus, diphtheria and pertussis vaccine (Tdap)
- › Two or three human papillomavirus (HPV) vaccines

Prenatal Immunization Status (PRS)

Patients who've delivered a live birth during the measurement year (Jan. 1-Dec. 31) should have the following vaccines:

- › One Tdap vaccine during each pregnancy
- › One flu vaccine sometime between July 1 of the year prior and the delivery date of live birth

Adult Immunization Status (AIS)

The following must be completed, with ages listed for each vaccine:

- › One flu vaccine every year for ages 19 and older
- › One Tdap/Td vaccine every 10 years for ages 19 and older
- › Herpes Zoster vaccine/series – Age 50 or older
- › Pneumococcal vaccine – Age 66 or older

For more information about administering vaccines, please see these resources from the Centers for Disease Control and Prevention and American Academy of Pediatrics:

- › Review a [comprehensive list](#) of all codes commonly administered for pediatric vaccines.
- › Review the [immunization schedules](#) for people of all ages.

Verify Coverage and Care Needs in Availity®

Within Availity, you can verify a patient's coverage, and we encourage you to check Availity before calling Provider Service. If you can't find the information you need, you'll get a Fast Path phone number that will move you to the top of the queue to speak with a Provider Service representative.

You can also find out if your patients are past due for needed services, such as immunizations or a well-visit, in the Quality Care Rewards section of the Availity portal.

Ensure Vaccine Administration Meets Mature Minor Doctrine Clarification Act Requirements

In 2023, the Tennessee legislature passed the Mature Minor Doctrine Clarification Act. You can learn more about law [here](#).

This law requires providers to get informed consent from a parent or legal guardian before administering a vaccine to minors under age 18. It applies to all vaccines, including the COVID-19 shot. Additionally, informed consent must be in written form when administering the COVID-19 vaccine.

As you know, vaccinations are an essential part of providing preventive care, and we cover vaccines for children and teens in line with the [Centers for Disease Control and Prevention's Immunization Schedule](#).

During appointments, consider talking with parents about the vaccines their child may need during the visit and the benefits of vaccination. Then, get the appropriate consent for each vaccine before administering the shots.

Specific Requirements for Children in State Custody

The law includes specific guidance for providers who care for children in state custody. If you're a provider in our Best Practice Network who cares for our *SelectKids* members, please work closely with the Department of Children's Services to ensure the appropriate consent or court order is in place before giving a vaccine.



Be on the Lookout for Our Vaccine Kits

Our Commercial Quality Improvement team will be visiting practices across the state serving our Commercial members soon. During these visits, they'll be sharing adult, adolescent and child vaccine kits containing:

- › A pack of tissues
- › One hot/cold small round gel for injection sites
- › One disposable thermometer
- › An age-appropriate BlueCross-branded vaccine brochure



Help Make Sure All Patients Benefit from Well-Child Care

Children and teens with intellectual and developmental disabilities often need specialized care and have many visits to specialists or primary care practitioners. Even though they see their providers frequently, these young patients also need a TennCare Kids Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exam every year. These checkups are an essential part of maintaining the health and well-being of all children and teens.

Your patients with BlueCareSM or TennCareSelect coverage are eligible for well-child care on the same schedule recommended by the [Bright Futures/American Academy of Pediatrics Periodicity Schedule](#). Each EPSDT exam should include seven components:

- › Comprehensive health history
- › Complete physical exam
- › Lab tests (as needed)
- › Immunizations
- › Vision and hearing screening
- › Developmental/behavioral screening (as needed)
- › Health/anticipatory guidance for parents and guardians

For more information about EPSDT exams, review our [BlueCare Tennessee EPSDT Provider Booklet](#).

Encourage Your Patients to Consider Breastfeeding

Breastfeeding offers health benefits for moms and babies, but breastfeeding rates in our state have traditionally fallen below national rates. Education and support from health care providers can help promote breastfeeding among Tennessee families.

Lactation consultant services are part of your patients' BlueCare Tennessee and CoverKids benefits. We cover outpatient lactation consultant services from in-network providers during pregnancy and the extended postpartum period. Parents can get these services through telehealth or in person in a one-on-one or small group setting. There's no limit on the number of visits allowed, but we may request additional information after 15 units are billed.

For more information about covered lactation consultant benefits, visit bluecare.bcbst.com/providers and select **Maternity Support**. To help your patients connect with an in-network lactation provider, use our **Find Care tool**. Search for **Lactation Services** to find International Board Certified Lactation Consultants or use the All Expertise filter to find providers who offer lactation services at their location.

If you're already offering lactation services, your Provider Network Manager can offer resources for billing. Or ask us how we can support you in adding lactation services in your office.



New TennCare Benefit: Diapers for Members Under Age 2

Your patients' BlueCare Tennessee and CoverKids benefits now include diapers and training pants at no cost to them. Through this benefit, families can get up to 100 diapers per month from an approved list of products until age 2. Please visit tn.gov/tenncare/diapers to view the list of participating pharmacies and approved diapers, which include different types and brands.

To get the diapers, parents and guardians will simply need to present their child's pharmacy ID card at the pharmacy counter of participating locations.

There's nothing required from you. Patients don't need a prescription, and diapers don't have a copay or count against our members' monthly prescription limit. For newborns who don't have a pharmacy ID card yet, parents can present the mother's pharmacy ID card or the child's Social Security Number.

Please let your patients know about this exciting benefit. If they have questions, please ask them to call the Customer Service number on the back of their member ID card or visit tn.gov/tenncare/diapers.

Exciting Updates to the BlueCare Tennessee Provider Website

We're proud to announce we've redesigned our BlueCare Tennessee provider website. Our goal was to improve your experience by:

- › Simplifying site navigation for quicker access to the resources you need most
- › Organizing critical information, including TennCare mandated guidelines, forms, policies and more
- › Removing outdated information

Everything you need – all in one place

To view the new site, you can still use the same URL – bluecare.bcbst.com/providers. We hope these updates make it easier to find the tools and resources you need to take care of our members.

Behavioral Health Follow-Up Care is Key to Recovery

Making sure patients have follow-up care after a discharge from the hospital is one of the best ways to help patients on their wellness journey. Discharge and follow-up planning begins at admission, but patients may need to hear those plans multiple times throughout the stay, as their thoughts about discharge evolve. Talking with patients about their barriers to follow-up care throughout the stay is important, so you can begin addressing those barriers before discharge.

We measure follow-up care after hospitalization for mental illness (FUH), after emergency room (ER) visits for mental illness (FUM), after ER visits for alcohol and other substance use disorders (FUA), and after high-intensity care for substance use disorder (FUI). You can read more about the related HEDIS measures below.

Mental Health HEDIS Measures

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

This measure evaluates the percentage of ER visits for patients 6 years and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Patients should have a follow-up visit within seven days and 30 days after an ER visit.

Note: Telehealth visits may be used, and the visit can be with any practitioner if the claim includes a principal diagnosis of a mental health disorder or a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder.

Follow-Up After Hospitalization for Mental Illness (FUH)

This measure assesses the percentage of discharges for patients 6 years and older who were hospitalized for the treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within seven days and 30 days of discharge.

Note: Telehealth visits may be used, and the visit must be with a mental health provider.

Follow-Up After Emergency Department Visit for Substance Use Disorder (FUA)

This measure looks at the percentage of ER visits for patients 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnoses of drug overdose, for which there was a follow-up visit within seven days and 30 days after the ER visit.

Note: Telehealth visits may be used, and the visit can be with any practitioner if the claim includes an SUD diagnosis.

Key Facts About Behavioral Health Disparities in Tennessee

The mental health of Tennesseans continues to worsen as depression, suicidal thoughts, mental illness and suicide death trend upwards.

- › **One in four** adult Tennesseans had a mental illness in 2021.
- › In 2021, **1,222** Tennesseans died of suicide.
- › Indigenous Tennesseans reported at least **nine days per month** with poor mental health, more than any other racial or ethnic group.
- › **36%** of youth ages 6-17 statewide were diagnosed with at least one behavioral health condition in 2022.

Mental Health and Substance Use by the Numbers

- › Mental health-related ER visits have more than doubled over the last decade.
- › Approximately 30-50% of members admitted to a psychiatric unit fail to attend a follow-up appointment within 30 days of discharge.
- › Out of 5.1 million drug-related ER visits, nearly half were due to drug misuse or abuse.
- › One-third of children with a mental health hospitalization don't get care that aligns with national quality measures for follow-up care.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

This measures the percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of SUD among patients 13 years and older resulting in a follow-up visit or service for SUD. Patients should have a follow-up visit within seven days and 30 days after discharge.



Treatment Options for Your Patients: Understanding Where to Start

Some patients might present with urgent needs, while others may just need additional support.

Patients in Crisis

Mobile crisis can help stabilize and quickly get people the care they need. For patients with intellectual and/or developmental disabilities (IDD), TNStart and Project Transition programs can be used in tandem with Mobile Crisis. These supports can address non-crisis situations that may lead to patients being sent to the ER.

Patients with Non-Medical Risk Factors

Many may need help with housing, food or transportation. Your patients can call the Member Service number on the back of their Member ID card to be connected to case management services. It's also important to refer them to statewide or local advocacy groups and resources.

Patients Needing Follow-Up Care/ Outpatient Services

If patients don't need crisis or urgent care, directing them to outpatient services ensures they're connected to therapy and case management options.

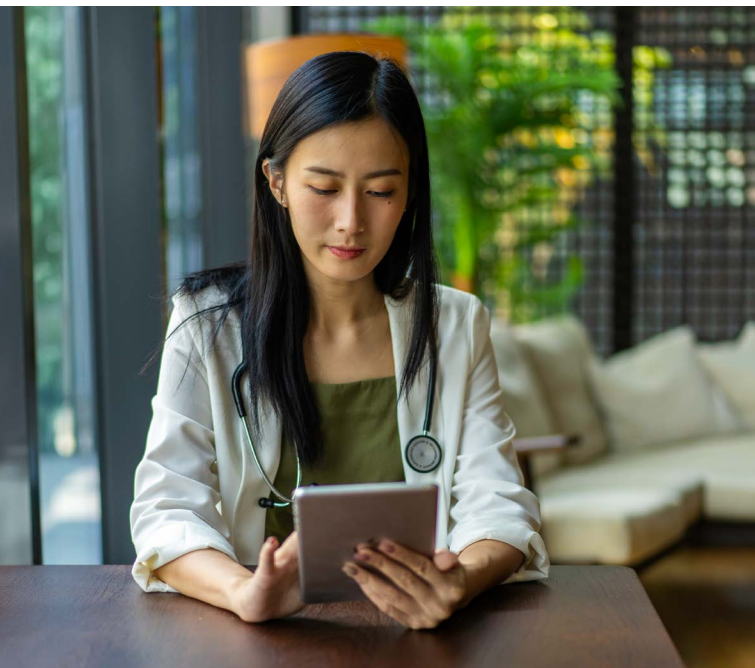
Patients with SUD

For those dealing with SUD or opioid use disorder (OUD), treatment can range from outpatient counseling and inpatient care to detox and residential treatment. Outpatient programs for OUD, including medication assisted treatment is available, as are community groups that offer recovery support.

For more information about providing follow-up care, see the Quality Care Measures guide for your patient's plan in the [Quality Initiatives](#) section of provider.bcbst.com.

Sources:

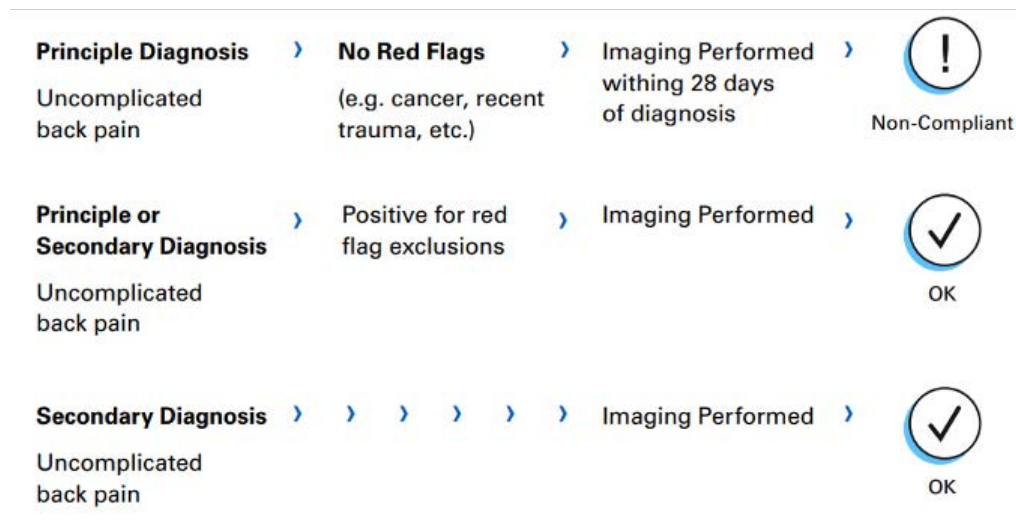
- › [Continuity of Care and Discharge Planning for Hospital Psychiatric Admissions \(nih.gov\)](#)
- › [Follow-Up After Emergency Department Visit for Mental Illness – NCQA](#)
- › [Children's Mental Health Emergency Department Visits: 2007-2016](#)
- › [ED Visits and Readmissions After Follow-up for Mental Health Hospitalization](#)
- › [Interventions to improve discharge from acute adult mental health inpatient care to the community: systematic review and narrative synthesis | BMC Health Services Research | Full Text \(biomedcentral.com\)](#)
- › [Health Equity Report: Behavioral Health](#)



Low Back Pain: Make Coding Count

Patients with a diagnosis of uncomplicated low back pain (LBP) should wait 28 days or more after receiving a primary diagnosis before they undergo an imaging study (plain X-ray, MRI, or CT scan).

When treating a patient with LBP, it's important to document and code for any exclusions that would warrant use of imaging studies. This will prevent an open gap that can't be closed. Also, if LBP isn't the primary diagnosis on the claim, a gap won't open.



Exclusions include:

- › Cancer
- › Recent trauma within 90 days
- › Intravenous drug abuse
- › Neurologic impairment
- › HIV
- › Spinal infection during the year prior to visit
- › Major organ transplant
- › Prolonged use of corticosteroids (greater than or equal to 90 consecutive days within the last year)
- › Osteoporosis
- › Lumbar surgery
- › Spondylopathy
- › Fragility fracture
- › Palliative care
- › Patients in hospice
- › Patients who died during the measurement year

We also have free resources available to help providers with measure management including:

- › [Low Back Pain Coding Guide](#)
- › [Low Back Pain Provider Toolkit](#)
- › Pocket Tool Guide
- › BlueCross-branded brochures
- › Choosing Wisely®-branded office posters

Clinical Tools for primary care providers are also available from the CDC:

- › Clinical Tools: <https://www.cdc.gov/overdose-prevention/hcp/clinical-care/index.html>
- › Interactive Training Series for Healthcare Providers: <https://www.cdc.gov/overdose-prevention/hcp/trainings/index.html>

Use Quality Care Rewards to Refer Patients for Case Management

Primary care providers can now use the Quality Care Rewards (QCR) application in Availity to refer patients enrolled in BlueCare Tennessee and CoverKids for case management services. You can also use this application to see if a patient is already enrolled in case management, any previous case manager history, and the name of their case manager with contact information.

To start a referral, click **Case Management** from the Availity home screen. Then, select the patient you'd like to refer for services, choose **Case Manager Referrals** and click **Make a Referral**. To complete the referral, you'll need to share your contact information and details about support your patient may need. Referral reasons may include:

- › Medical and behavioral health coordination
- › Medical and behavioral health peer-to-peer support
- › Utilization management assistance
- › Help with appointment scheduling
- › Pharmacy coordination needs
- › Social needs/connection to community resources

Once you've submitted the referral, you'll get a confirmation. You'll also be able to view the referral on the **Case Management Referrals** tab. When we get the referral, we'll contact the patient or reach out to you with additional follow-up questions if needed.

If you have questions about using the QCR application, please contact your eBusiness Regional Marketing Consultant or call **(423) 535-5717, option 2**.



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