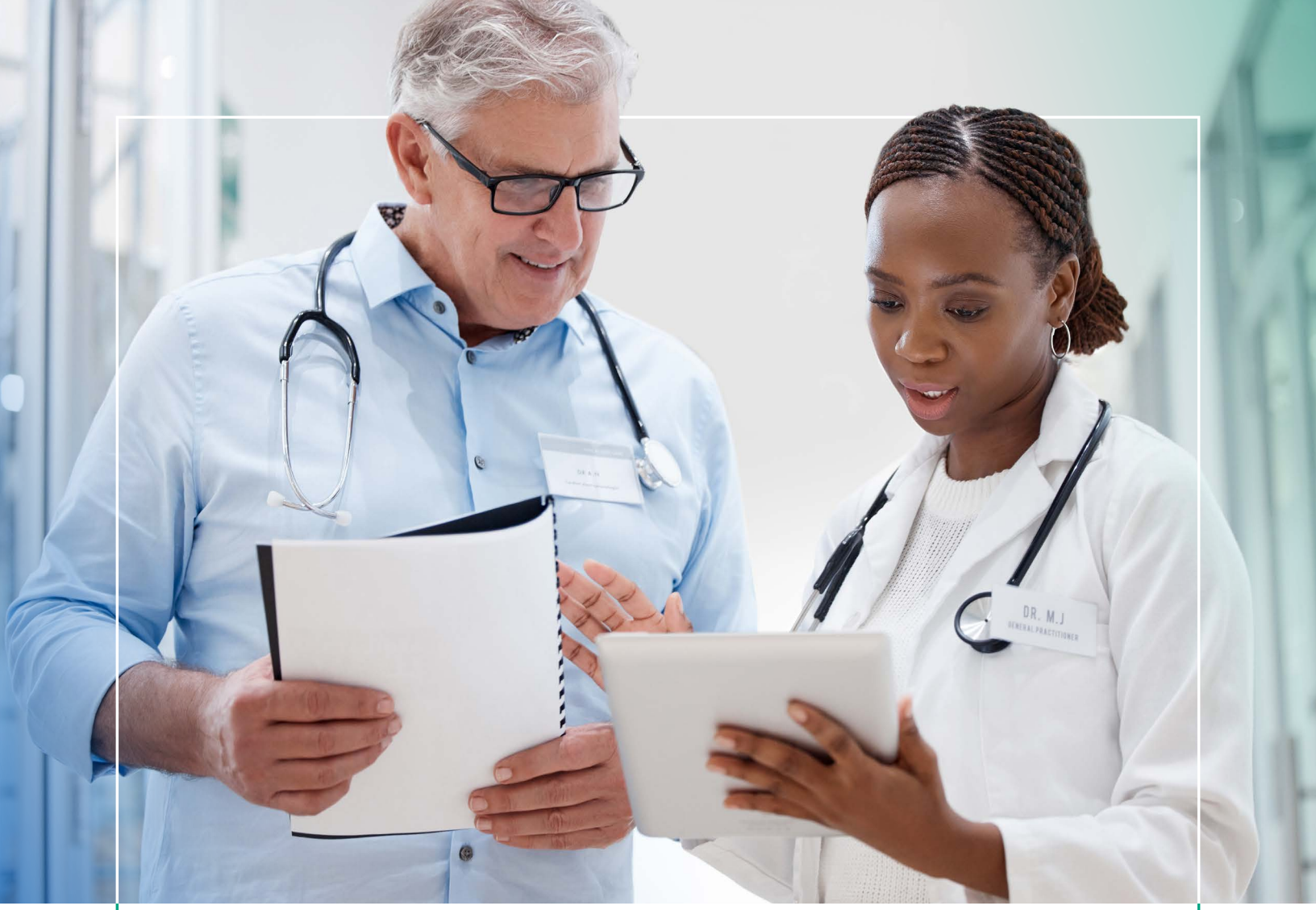

YOUR GUIDE TO PROGRAMS AND REWARDS

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Diabetes and Kidney Disease

Are you ordering the right test?

Doctors, nurse practitioners and physician assistants, thank you for all you do to take care of our members. As a primary care provider, I have a great appreciation for what you do and how hard it can be.

There are many doctors, nurses, pharmacists and therapists at BlueCross who use our clinical experience to help align the business world of health insurance with the clinical world of health care delivery. Each year, the National Committee for Quality Assurance (NCQA), one of the main accrediting organizations for health insurance companies, sends updated clinical measures that we use to assess the clinical care our members have received from providers.

There are a lot of details in these updated measures, and we know it's time-consuming for you and your staff to keep up with them. That's why we're here to help.

I was recently surprised to learn about a kidney health measure that had been updated in 2018. I was unaware of this change, even though I had completed continuing medical education on diabetes management, delivered by a state family medicine association.

Previous guideline: Assessing kidney health with a dipstick urine microalbumin to meet the quality measure

Current guideline: Assessing kidney health with a blood estimated glomerular filtration rate (eGFR: CPT® 82565) AND a urine albumin-creatinine ratio (ACR: CPT® codes: 82043 AND 82570) (Both a quantitative urine albumin test and a urine creatinine test must be performed within four days or less of each other.)

This testing allows for more specific assessment of the seriousness of albuminuria and serves as a better early warning alert for detecting and monitoring progressing kidney disease. This should prompt more aggressive treatment of underlying diseases, like diabetes mellitus or hypertension, and an earlier referral to a nephrologist. The goal, of course, is to delay or prevent the need for dialysis or transplantation.

Although this article relates to diabetes, the kidney health testing above should be done for all other conditions that impact their function such as hypertension, nephropathies, etc.

This is how to interpret the results from the National Kidney Foundation®:

CKD is classified on the basis of: › Cause (C) › eGFR (G) › Albuminuria				Albuminuria categories description and range		
				A1	A2	A3
				Normal to midly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥300 mg/g ≥30 mg/mmol
eGFR categories (ml/min/1.73m²) Description and range	G1	Normal or High	≤90	1	1	2
	G2	Mildly decreased	60-89	1	1	2
	G3a	Mildly to moderately decreased	45-59	1	2	3
	G3b	Moderately to severely decreased	30-44	2	3	3
	G4	Severely decreased	15-29	3	3	4+
	G5	Kidney Failure	<15	4+	4+	4+

- Annual assessment is recommended
- At least once a year assessment
- Suggests assessment twice a year
- Suggests assessment four times a year

You can find the full document at **faqs-for-professionals.pdf (ascp.org)**.

If you already knew about this update, thank you for all you do to stay up to date and optimize the care of our members. If this update was news to you, like it was to me, thank you for catching up along with me and for all you do to optimize the care for our members.

Ian Bushell, MD, MHS-CL, FAAFP

Medical Director, Account Management

Galen Medical Group Sees Success in Patient Medication Coordination for Medicare Advantage Members

In recent years, Galen Medical Group and Galen Pharmacy focused their efforts on medication adherence and a personalized patient experience. Galen providers believe education and communication is key when helping patients make informed decisions about their health care. “Giving patients ownership of managing their health conditions helps them feel more invested,” said Shannon McCallie, MD, President and Specialist in Internal Medicine at Galen Medical Group. “When they feel more invested, they’re more likely to take their medications more consistently. I think across the group our physicians are committed to that principle.”

Galen Pharmacy plays a key role in supporting patients and providers on the effort to improve medication adherence. “We’re fortunate to have three pharmacists who devote both their time and attention to consulting with and setting up medication management plans for our patients,” said Dr. McCallie. Pharmacists have one-on-one patient consultations to review all medications being taken and provide therapeutic alternatives where necessary through collaborative practice agreements. If a patient is interested in using Galen Pharmacy, their adherence packaging program in conjunction with medication synchronization makes it easier for patients to take their medications as prescribed and get their refills on time. They also help their patients who qualify gain access to patient assistance programs without charge, meaning if they’re unable to afford a high-cost branded medication they’re still able to have access to it.

“Our pharmacy setup is different in that it works on an appointment-based model,” said Aaron Garst, PharmD, Pharmacy Director at Galen Medical Group. “Meeting with a patient face-to-face allows our pharmacists to build stronger patient relationships and change the perception that pharmacists provide services, not just a product.” Galen pharmacists eliminate barriers to optimal medication therapy (e.g., drug list issues, costs) and promote proper use (e.g., consultation, dose changes, adherence strategies) through collaborative pharmacy practice agreements between Galen pharmacists and providers. “It’s really about building strong relationships with patients and leaning on existing provider relationships to produce the best outcomes from an established treatment plan,” said Garst.

In addition to relationship building, Galen pharmacists provide full medication reviews prior to dispensing multiple maintenance medications in their adherence packaging. This helps prevent unnecessary or duplicative therapies from being filled and keeps patients from inadvertently falling into an adherence measure. “We know when a patient has an upcoming appointment and wait to package their medications in case of therapeutic changes,” said Garst. “When there are medication changes in between packaging start dates, we’re thinking through how to best manage that, so the patient doesn’t get too much medication and stays synchronized. We really strive to provide the best patient/provider experience while also ensuring we hit all the necessary marks.”

Statins: A look at the numbers

In looking at the 2022 Caremark Trimester Reports, specifically for ace inhibitor drugs, Galen went from 81.25% adherence in the first trimester to 97.5% by the end of the year. The regional rate in Availity® for this measure is 89.69%. For the 2022 Caremark Trimester Reports on statin adherence, Galen saw 90% adherence in the first trimester, 98.04% in the second trimester and 96.3% in the third trimester. While a small decrease in adherence is shown, it's still above the regional rate of 88.8%.

The data shows that when a patient first comes to Galen Pharmacy, they're typically at a lower rate of adherence or statin use in those that need it. When a patient's medications are adherence packaged and fully synchronized, their respective numbers go up.

Affordability

When it comes to adherence measures, the diabetes measure is the only one that's impacted by branded products. For example, a patient gets started on a brand name drug and the initial copay is either $44 for one month or $105 for three months. Eventually, they'll go into the Medicare Advantage coverage gap or "donut hole" and that same drug will now cost between $200 to $600. "Most people can't afford that so we're proactively working this year to get any patient that qualifies on prescription assistance before they ever fall into the diabetes measure," said Garst.

Patient success story

At Galen, a patient mentioned they were struggling to remember to take their medications even with adherence packaging. This non-adherence wasn't due to forgetfulness, but because they take their morning medications by the chair in their living room and their bedtime medications in the bedroom upstairs. If the patient left the adherence packaging in either area, they would have to walk up or down the stairs to get their dose. The pharmacist formulated a solution for the patient to have their morning medications boxed separately from their bedtime medications to keep each box in the area the patient takes it. "We had to think through this scenario, but we were able to get the data over to our packager," said Garst.

"The patient now gets a separate morning and bedtime box so they don't have to worry about running up and down stairs each day to take their medications, which will hopefully lead to 'true' adherence and eliminate a potential fall hazard."

Statin use

Convincing patients who could benefit from a statin to start one can be difficult. Galen pharmacists, the quality director and physician leadership developed statin packs, which they've found to be helpful. Patients who meet the criteria for statin therapy are identified, and medication is delivered to their home or to their doctor's office in coordination with their personal physician. A trial supply of medication is packaged without charge to the patient along with coenzyme Q10 to reduce the risk of muscle-related side effects. When the patient agrees to try the medication, Galen's quality team contacts them a few weeks later to make sure they're tolerating the medication well. Then, the information is communicated back to the patient's physician.

"Even on a personal level, I have seen really good success with that," said Dr. McCallie.

Important takeaway for providers

"I think the key is having a team approach. Our health care environment is changing, and we need to be innovative. We need to use our whole team to help improve these patient outcomes. I think where we've been so successful is when you're able to have the personal touch that our pharmacy team has, it makes the difference between helping them manage the patient's medication versus just dispensing their medication. I think that's a key element," said Dr. McCallie.

"It's about leaning on those who can help these patients outside your doorstep. There are a lot of independent pharmacies out there who provide adherence packaging solutions and other services to improve patient care. Lean on independent pharmacies, meet with the owners, find someone you can trust, and I think you will see improvements in quality," said Garst.

Clinical Focus

How to Help Your Patients with COPD Manage or Reduce Exacerbations

According to the American Lung Association, chronic obstructive pulmonary disease (COPD) is the sixth leading cause of death in the United States. Early signs of COPD are rarely reported and often overlooked as normal signs of aging.

The Pharmacotherapy Management of COPD Exacerbations (PCE) HEDIS® measure states that patients age 40 and up who are discharged from an acute inpatient hospital stay or ER visit should have the following medications prescribed and filled:

- Corticosteroids within 14 days of discharge

AND

- Bronchodilators within 30 days of discharge

Strategies to Help You Improve Inpatient Adherence and Close Gaps in Care

- Assist patients in preparing a COPD Management Plan to reduce exacerbations.
- Review early warning signs of an exacerbation with your patients.
- Educate patients on the importance of staying active and how to pace themselves.
- Discuss both maintenance and rescue bronchodilator adherence with patients.
- Emphasize the importance of following up with the patient's primary care provider (PCP) after any visit to the hospital, regardless of admission.
- Educate patients on the importance of taking all medication as prescribed after discharge.
- Evaluate possible triggers with patients including air quality, pollen counts and smoke.
- Encourage vaccinations including pneumonia and annual flu vaccines.
- Discuss plans of care with patients including quality of life and end-of-life care planning when appropriate.

Treating Your Patients with Asthma

Use These Strategies to Improve Patients' Medication Compliance

According to the CDC, more than 25 million Americans (8% of adults and 7% of children) have asthma, and it's the leading chronic disease in children.

Medication adherence is the key to helping patients control their asthma symptoms. The HEDIS Asthma Medication Ratio (AMR) measure focuses on the percentage of patients, 5-64 years old, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater (measured as medication units).

Appropriate medication management with controller medications for asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school.

Asthma Disparities

According to the Asthma and Allergy Foundation of America (AAFA), in the United States, big differences exist based on race and ethnicity. Black, Hispanic and American Indian/Alaska Native people have the highest rates of asthma, hospital visits and asthma-related deaths. Health care quality has improved for many people in recent years, but racial inequities in asthma are still grim. Social and structural disadvantages are the biggest reasons for differences in asthma rates and outcomes for certain racial and ethnic populations.

Help Improve Patient Compliance and Close Caps in Care

Make sure asthma diagnoses are coded correctly. Avoid coding asthma if the diagnosis is for asthma-like symptoms (e.g., wheezing during a viral upper respiratory infection (URI) or acute bronchitis). It's also important to code for any diagnoses on the exclusion list:

- Patients in hospice
- COPD
- Obstructive chronic bronchitis
- Emphysema
- Cystic fibrosis
- Acute respiratory failure
- Chronic respiratory conditions

Educate your patients on the types of asthma medications. Patients don't always understand the difference between long-acting controller and rescue medications. The ratio for the AMR measure is calculated by totaling the units of controller medications and dividing it by the total of all asthma medication for the year.

- The AMR measure ratio is the units of controller medications/units of total asthma medications. Count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, one infusion, or a 30-day or less supply of an oral medication.
- We have several resources to help you, including HEDIS measures guides, telehealth guides, member brochures and more. You can access these at **https://provider.bcbst.com/working-with-us/quality-initiatives/**.

Sources:

CDC **Asthma | CDC**

AAFA.org **Asthma Information and Facts | AAFA.org**

Addressing Low Back Pain and Appropriate Coding for Imaging Studies

Low Back Pain in the Workplace

A recent article published by the National Institute for Occupational Safety and Health reports that more than 1 in 4 working adults experience low back pain, and workers in a construction-related occupation are more likely to experience low back pain than those in other occupations. Working people ages 45-64 also have more pain than younger workers.

Low Back Pain Disparities

According to the International Association for the Study of Pain, a recent systematic review of social determinants of health in low back pain showed important associations between gender, race, ethnicity, education, occupation, and socioeconomic status and important facets of low back pain.

- Racial and ethnic disparities lead to under-treatment of back pain
- Women are more likely than men to experience low back pain
- Disparities in back pain have been documented worldwide

Appropriate Coding for Imaging Studies

The HEDIS measure for Use of Imaging Studies for Low Back Pain (LBP) indicates patients with a primary diagnosis of uncomplicated low back pain should wait 28 days or more after a primary diagnosis before they undergo an imaging study (plain X-ray, MRI or CT scan).

Here are some coding tips to help avoid an open gap in care:

- When low back pain is the **secondary** diagnosis on the claim and the patient undergoes an imaging study, the gap won't open.
- Include documentation and coding, along with the diagnosis of LBP, on the claim for "red-flag" conditions (exclusions) where an imaging study should be ordered. This will prevent an open gap that can't be closed. There's a six-month review period for any primary diagnosis of LBP during that time. Keep in mind, if this gap opens, it can't be closed.
- Encourage patients to try conservative treatments, such as ice, heat, over-the-counter pain relief, stretching or back straightening exercises and safe back habits.

Exclusions and “red flag” diagnoses for the measure include:

- Cancer
- Palliative care
- Neurological impairment
- Recent trauma
- Intravenous (IV) drug abuse
- Lumbar surgery
- Prolonged use of corticosteroids
- Kidney transplant
- Major organ transplant
- Spinal infection
- Fragility fracture
- Human immunodeficiency virus (HIV)
- Osteoporosis medication therapy
- Spondylopathy
- Hospice

We have free resources available to providers to assist 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/opioids/healthcare-professionals/index.html**
- Interactive training series for healthcare providers: **https://www.cdc.gov/opioids/providers/training/interactive.html**

Sources:

National Institute for Occupational Safety and Health (NIOSH)

International Association for the Study of Pain (IASP)

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

Center for Disease Control and Prevention (CDC)

Change in Criteria for Advanced Illness and Frailty Exclusions

Previously, to qualify for a frailty exclusion, patients needed at least one claim with a frailty diagnosis or treatment code. This year, patients must have at least two claims on different dates of service with a frailty diagnosis or treatment code. Coding for Advanced Illness and Frailty on claims can remove some patients from the denominator for certain measures, which can help increase your Stars score. The two indications on different dates of service don’t have to be for the same frailty diagnosis.

If you have questions or need to request a copy of the 2023 Advanced Illness and Frailty booklet, please contact your Provider Outreach Consultant.

Changes to the Kidney Health Evaluation for Patients with Diabetes (KED) Measure for Medicare Advantage

Shortly after we released our Medicare Advantage 2023 measures, the Centers for Medicare and Medicaid Services (CMS) changed the KED measure to “monitoring status only.” The measure was added to the 2023 scorecard this year with a weight of **one** and was removed from the monitoring section of the scorecard during a refresh in the Quality Care Rewards (QCR) tool on March 30.

While this measure may not be priority this year, we recommend continuing to monitor the status of your patients in the denominator. We expect KED to be a weighted measure for 2024. If you have questions, please contact your Provider Outreach Consultant.

Improving Continuity and Coordination Between Medical and Behavioral Health Care

The Centers for Medicare and Medicaid Services originally contracted with NCQA to “develop a strategy to evaluate the quality of care provided by Special Needs Plans.” This led to the creation of the HEDIS performance measures[1].

Today, these measures[2] are part of evaluating quality of care across all plans for the populations and patients they serve. NCQA annually publishes the **NCQA Health Plan Accreditation** standards, which provide a framework for implementing evidence-based best practices. One of the five quality improvement (QI) categories for the **NCQA Quality Management and Improvement** standards is **Continuity and Coordination Between Medical Care and Behavioral Health Care** (QI 4). Care coordination is essential for meeting this standard and successfully addressing patient needs[3].

NCQA, CMS, Health Plans, Providers, Behavioral Health Care and Medical Care

HEDIS measures, Quality Improvement (Analysis of data, collaboration, opportunities and interventions, measurement of outcomes)

Evidence-based, patient/member-centered care

Care Coordination

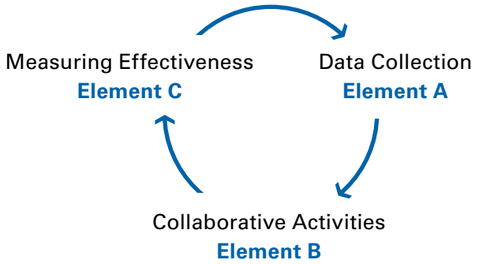
Incorporating Behavioral and Medical Care

The integration of behavioral health care and medical care is a key component[4] of successful care coordination. Sharing knowledge ultimately benefits patients. A **shared knowledge base and perspective** draws from professional values and standards of practice and allows for a better understanding of barriers that impact care.

Research indicates that the integration between physical and behavioral health continues to evolve and progress, and the systems and data infrastructure aren't yet adequately connected[4]. So, care coordination ensures patient needs are still met.

Exchanging of Information

The **Continuity and Coordination Between Medical Care and Behavioral Health Care** standard includes three elements:



For the data collection element, the 2023 NCQA Health Plan Accreditation standards expanded the **Exchange of Information** focus to include the **bidirectional exchange** of information between behavioral health care and relevant medical delivery systems, such as medical/surgical specialists and organizational providers. This helps ensure the accuracy, sufficiency, timeliness, clarity and frequency of information. **This bidirectional exchange of information enables successful care coordination**.

How We Support Engagement

We promote care coordination through the Integrated Care Team (ICT) model. The ICT is a resource for our members. The **Continuity and Coordination Between Medical Care and Behavioral Health Care** (QI 4) standard is a cyclical and collaborative process that aligns with the ICT model. Our model serves members through analysis of available data, interventions tied to data analysis and remeasurement – all with member benefits as the objective. Challenges remain with coordinating responses to individuals who present in different settings with behavioral health or medical crises. At the micro level, when a member interacts with their health plan, provider or a medical setting, the goal is to assess the member, connect them with identified resources and then follow up to ensure resources and care are provided – essentially, care coordination.

As described in our recently published **Health Equity Report**, we've created a **Social Vulnerabilities Index** to identify social risks our members face, gather more data, share this data with providers who can identify needs and resources, and connect members with community resources[5]. **This connection is part of interoperability, and interoperability is part of care coordination**[6].

Assessment and Connection

Assessing social determinants of health to identify any barriers to positive health outcomes is an integral part of the care coordination continuum. Care coordination aims to connect the individual to resources needed for optimal living. It fosters connection to resources needed for thriving, maintaining resilience or tackling barriers that prevent overall behavioral and physical health. Effective care coordination involves all disciplines that interact with an individual. However, delivery of the practice is still evolving from distinct settings to fully integrated models.

Successful Interventions

The ability to effectively coordinate care for members is also tied to Ambulatory Care Sensitive Conditions (ACSCs). Successful care coordination translates to improved patient outcomes. Duminy, Ress and Wild (2022) published a graphic abstract of successful interventions, finding "…most of the successful interventions were characterized by a high degree of interconnectedness between professional groups…"[7].

QI 4

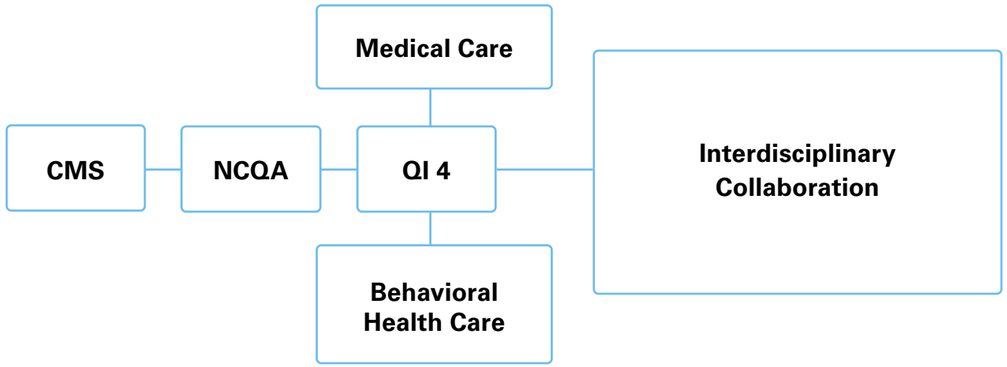
Opportunities for Improvement › Data driven › Measurements › **Interventions** › Outcome Measurements

In Summary

Elements of successful coordination involve outreach, engagement, assessment, referrals to resources that meet identified needs and follow up. Coordination happens at the micro and macro level. Overarching standards come from CMS, NCQA, health plans, the patient-centered team approach, individual providers, larger provider settings, and behavioral health and medical care facilities.

The **Continuity and Coordination Between Medical Care and Behavioral Health Care standard calls for improvement in** the exchange of information, leading to improved care coordination. Improving coordination of care requires collaboration around data[8], interventions, and measurement of outcomes – a continual and essential process.

Care Coordination



References:

[1]Centers for Medicare and Medicaid Services (CMS) **https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/SNP-HEDIS**

[2]National Committee for Quality Assurance (NCQA). HEDIS and Performance Measurement. **HEDIS - NCQA**. National Committee for Quality Assurance (NCQA). **Case Management - NCQA - https://www.ncqa.org/programs/health-plans/case-management-cm/**

[3]Elliott MN, Adams JL, Klein DJ, Haviland AM, Beckett MK, Hays RD, Gaillot S, Edwards CA, Dembosky JW, Schneider EC. (2021). Patient-reported care coordination is associated with better performance on clinical care measures. Journal of General Internal Medicine. 36(12):3665-3671. doi: 10.1007/s11606-021-07122-8. Epub 2021 Sep 20. PMID: 34545472; PMCID: PMC8642573.

[4]Purington, K., & Townley, C. (2017). Physical and Behavioral Health Integration: State Policy Approaches to Support Key Infrastructure. National Academy for State Health Policy. **https://eadn-wc03-6094147.nxedge.io/cdn/wp-content/uploads/2017/05/CMWF-Brief.pdf**

[5]Diversity, inclusion & health equity. **https://www.bcbst.com/about/diversity-inclusion-health-equity/**

[6]National Commitee for Quality Assurance (NCQA). Findings and Recommendations: Data Flow, Care Coordination and Quality Measurement. **https://www.ncqa.org/programs/data-and-information-technology/telehealth/taskforce-on-telehealth-policy/taskforce-on-telehealth-policy-ttp-data-flow-care-coordination-and-quality-measurement/**

[7]Lize Duminy, Vanessa Ress, Eva-Maria Wild (2022). Complex community health and social care interventions – Which features lead to reductions in hospitalizations for ambulatory care sensitive conditions? A systematic literature review, Health Policy, Volume 126, Issue 12, Pages 1206-1225, **https://doi.org/10.1016/j.healthpol.2022.10.003**. (**https://www.sciencedirect.com/science/article/pii/S016885102200272X**)

[8]Jacobs, D., Schreiber, M., Seshamani, M., Tsai, D., Fowler, E., Fleisher, L. (2023). Aligning quality measures across CMS – The Universal Foundation. The New England Journal of Medicine, 388: 776-779. **Aligning Quality Measures across CMS — The Universal Foundation | NEJM** DOI: 10.1056/NEJMp2215539

Additional resources:

BlueCare Tennessee Telehealth Guide: **bcbst.com/docs/providers/quality-initiatives/BlueCare_Tennessee_Telehealth_Guide.pdf**

Commercial Quality Care Measures Guide: **bcbst.com/docs/providers/quality-initiatives/quality-care-measures-booklet.pdf**

BlueCare Tennessee Quality Care Measures Guide: **bluecare.bcbst.com/forms/MeasuresBooklet.pdf**

Division of TennCare Mental Health Services for Adults: **tn.gov/behavioral-health/mental-health-services/adults.html**

Psychotropic Medication Monitoring in Children and Young Adults

Psychotropic medications affect how the brain works and cause changes in mood, awareness, thoughts and feelings. They're typically prescribed to children and teens to manage conditions such as attention-deficit/hyperactivity disorder, anxiety, depression and mood disorders.

Recently, increases in psychotropic medication use has led to concerns that some young patients are being misdiagnosed with psychiatric disorders and treated inappropriately with psychotropic medications. Our goal is to help promote the safe and appropriate use of psychotropic medications in children with behavioral health disorders by sharing resources and best practices.

If you have questions about psychotropic medication use, we're here to help. Please call **1-800-367-3403** to speak with a board-certified psychiatrist or consult with an expert about treatment. We also work with the Tennessee Chapter of the American Academy of Pediatrics to offer the free Behavioral Health in Pediatrics (BeHiP) program, which helps prepare pediatric providers to screen for, assess and manage patients with behavioral health concerns. You can learn more about the BeHiP program here: **https://tnaap.org/programs/behip/behip-overview/**.

Strategies for Successful Care Guidelines

When treating young patients with psychotropic medications, consider these tips:

- **Perform a comprehensive evaluation of the child and family unit.** Also, review patients' medical records to ensure they've received psychosocial care. In most cases, children and teens should have medical record documentation of psychosocial care before getting a new prescription for a psychotropic medication.
- **Develop a plan for short- and long-term monitoring.** Consider the type of medication, risk of side effects, the patient's need for ongoing psychosocial support and other factors when developing this plan. Keep in mind that children taking an antipsychotic medication should receive annual metabolic testing, including blood glucose and cholesterol testing.
- **Work with the Department of Children's Services (DCS).** After performing an evaluation and proposing a treatment plan, educate families about the diagnosis, medication, expected benefits, potential side effects and alternatives to medication to ensure they can make an informed decision.

Note: If your patient is in foster care, you must get consent from the child's regional nurse consultant before starting medication. Once treatment begins, DCS monitors the prescribing and drug utilization patterns of children in foster care to ensure these patients get safe appropriate treatment. This may include working with DCS regional nurse consultants, the DCS chief medical officer or other personnel.

In Closing

Short-term and long-term medication monitoring is medically necessary, and there are special considerations for children in DCS custody. We're here to help and work with the Tennessee Chapter of the American Academy of Pediatrics to offer free training through the Behavioral Healthcare in Pediatrics (BeHiP) program. For more information about this training, which helps providers diagnose and manage patients with behavioral health needs, visit **tnaap.org/programs/behip/behip-overview/.**

Talk with Your Patients About the Importance of Postpartum Care

More than half of pregnancy-related deaths (deaths that occur during pregnancy or within one year of giving birth) happen between seven days and one year after giving birth, according to **data from the CDC**.

The American College of Obstetricians and Gynecologists recommends patients check in with their OB provider within three weeks of giving birth and then having a comprehensive exam within 12 weeks. These two visits offer an opportunity to screen for problems, including postpartum depression and anxiety, and talk with patients about potential complications. They're also a great time to begin transitioning patients back to their PCP for continued monitoring and referral to any specialists that may be needed.

Support for Your Patients

We're here to help you ensure parents get the care they need. Our members' benefits include access to a dedicated care team that will be by their side through their pregnancy, delivery and the extended postpartum period, offering services including:

- One-on-one guidance through the CareTN app during pregnancy and the postpartum period
- Specialized support for high-risk conditions like multiple birth, diabetes, hypertension, tobacco use and risk of neonatal abstinence syndrome (NAS)
- Personal phone calls to patients who've had a baby with NAS, including connecting with medication-assisted treatment, behavioral health services and peer support

Your patients with BlueCare Tennessee or CoverKids coverage can simply download our free CareTN app on their smartphone or tablet to connect with our care team.

Coverage for Lactation Consultant Benefits

Beginning June 1, 2023, lactation consultant services are covered benefits for your patients with BlueCare, TennCare*Select* and CoverKids coverage. For more information about these benefits, please see our **BlueCare Tennessee and CoverKids Maternity Care Program web page**.

Promoting Well-Child Care

The summer months are a great time to contact families to make sure kids and teens get preventive care before it's time to go back to school. Immunizations, yearly checkups and sports physicals are among the types of care your young patients may need to prepare for the new school year.

Consider these tips to maximize your outreach efforts.

Tailor Your Message

Your outreach will look different if you're sharing patient-specific information about children who are past due for care or if you're simply reminding families about an upcoming appointment. Similarly, you'd use different messaging if you're calling patients on the phone, sending a text message, or sharing details on social media about an upcoming event or change in office hours.

Use Our QCR Application

You can find out if patients are past due for care in the **QCR** application. Once you log into QCR, select the **BlueCare EPSDT Program** from the **All Programs** drop-down menu. There, you'll be able to export gap lists with compliant and non-compliant member details and review payment opportunity reports. If you have questions or need help using the application, please contact your **eBusiness Regional Marketing Consultant** or call **(423) 535-5717, option 2**, to speak with our eBusiness Service Center.

Work with Our Community Care Partners

We're here to help and have a dedicated team that can work closely with your office and local agencies to coordinate community-based events. We can help identify patients to invite, find the best event locations, coordinate times and more. If you'd like to learn more about how we can work with your practice, please call **1-800-771-0217**.

For more best practices and to review call script, text message and social media outreach examples, please see our **EPSDT Provider Booklet**.

A Special Note About Sports Physicals

As a reminder, stand-alone sports physicals and their corresponding codes aren't covered services. However, by converting sports physicals into complete well-child visits, you can meet all requirements of the sports physical and receive reimbursement for a covered service.

Administering Immunizations

Vaccines are a key element of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) TennCare Kids exams. Delivering vaccines on schedule not only protects your patients' health, but also lowers the risk of vaccine-preventable disease outbreaks. This is especially true for children ages 2 and younger.

As more patients visit your office for back-to-school checkups and in honor of National Immunization Awareness Month in August, consider checking our Quality Care Rewards application to see if your patients are past due for any vaccines and administer them during office visits, as needed. This is also a great time to review tips for coding vaccines and other guidelines.

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