of Tennessee

ALL Blue 2017

BlueCross Efforts to Address Opioid Misuse and Abuse in Tennessee

ALL Blue 2017

RxSafetyTN
PAIN MEDICATION SAFETY

Corporate Pharmacy Directors

Jeff Campbell, Pharm.D.

Andrea Knight, Pharm.D.

Joseph Udeaja, Pharm.D.

Will Walker, Pharm.D.

THE EPIDEMIC IN TENNESSEE

- Almost **1,000** babies were born with Neonatal Abstinence Syndrome in Tennessee in 2016
- **1,451** people died of drug overdose in Tennessee in 2015 - up from **1,263** in 2014
- More Tennesseans died in **2015** and **2014** of drug overdose than motor vehicle accidents
- Tennessee ranks **2nd** in opioid prescribing nationally, creating a public health crisis in our state

Tennessee Counties with Highest Rates of Opioid Use

Compiled from BlueCross BlueShield of Tennessee Health Foundation Data

COMMUNITY FOCUS & INVESTMENT

- $1.3M BlueCross Health Foundation investment
- Community Interventions
  - Capacity building for anti-drug coalitions
  - Coffee County Anti-Drug Coalition is lead agency
  - Focus on highest-burden communities
- Disposal Access and Public Awareness
  - Count It! Lock It! Drop It! expansion
  - Drop boxes in all 95 counties
  - Take-back events
  - Public awareness/education campaign

COUNT IT! LOCK IT! DROP IT!

- Public awareness campaign elements developed
- External campaign underway
  - Partnership with Tennessean and sister publications
  - Social media
  - Print/video/radio ads in rotation
- Campaign success to date
  - 6,900 visits to website
  - 2,990+ visits to drop box finder
  - Website to drop box finder conversion rate = 43%

ACCESS TO CARE

2013

- Dayspring Family Health Center (Jellico)
- Helen Ross McNabb (East Tennessee – Sevierville, Chattanooga & surrounding)

2014

- East Tennessee Children's Hospital (Knoxville)

2015

- Make A Difference, Inc. (Memphis)
- The Next Door (Chattanooga and Nashville)

2016

- Susannah's House (Knoxville)

PAIN MEDICATION & CARE IMPROVEMENT PROGRAM COMPONENTS

PAIN MANAGEMENT + CARE IMPROVEMENT

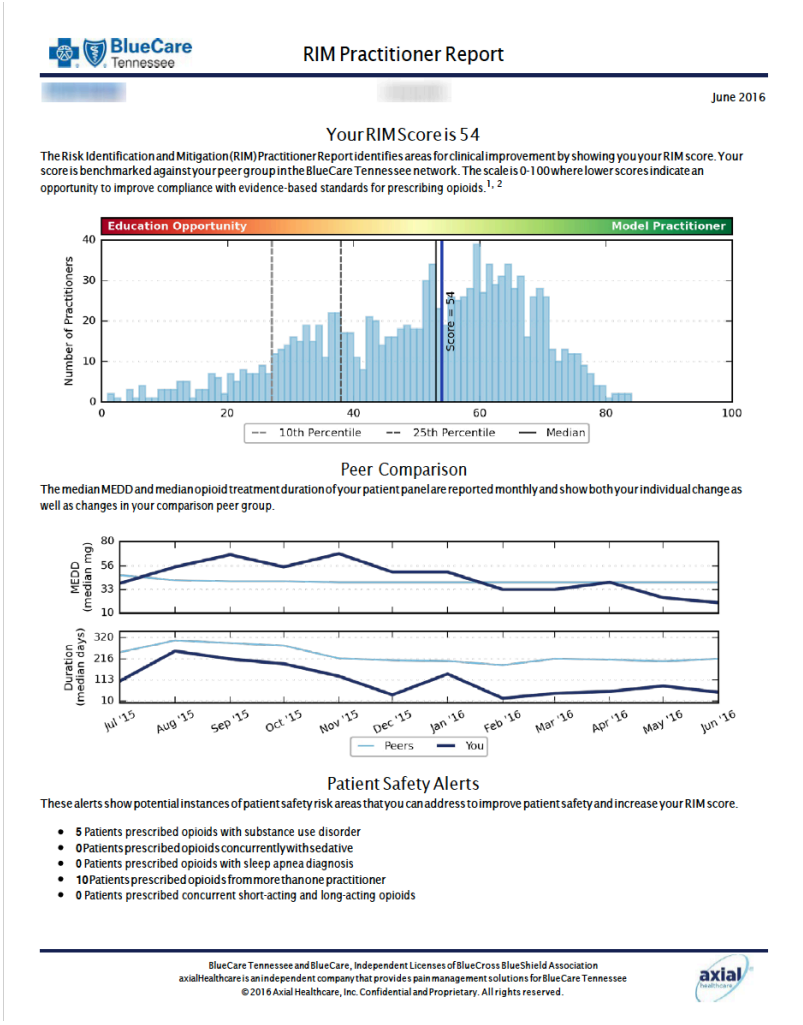
- Use axialHealthcare's expertise including:
  - Physicians, scientists, pharmacists, technologists, health plan operators
  - Largest database on opioid use and compendium of pain treatment and medication literature
  - Currently collaborating nationally on the Health of America opioids initiative
- Support practitioners in minimizing opioid abuse

PAIN MANAGEMENT + CARE IMPROVEMENT

- Web portal access to
  - Risk identification and management (RIM) report
  - Scores based on peer prescribing norms & quality standards
  - Based on BlueCare data
- Care pathways – continuing pain-care education & decision support
- Patient alerts – inform providers of patients at increased risk

RIM PRACTITIONER REPORT
(RISK IDENTIFICATION + MITIGATION)

- Evaluates opioid prescribing patterns compared to in-network peers
- Must prescribe opioids to 6+ patients in prior 90 days to qualify for RIM score – updated monthly
- Measures against 15 evidence-based quality benchmarks
- Provides insight to evaluate treatment plan for each patient



BlueCare Tennessee

RIM Practitioner Report

June 2016

Your RIM Score is 54

The Risk Identification and Mitigation (RIM) Practitioner Report identifies areas for clinical improvement by showing you your RIM score. Your score is benchmarked against your peer group in the BlueCare Tennessee network. The scale is 0-100 where lower scores indicate an opportunity to improve compliance with evidence-based standards for prescribing opioids.[1, 2]

Peer Comparison

The median MEDD and median opioid treatment duration of your patient panel are reported monthly and show both your individual change as well as changes in your comparison peer group.

Patient Safety Alerts

These alerts show potential instances of patient safety risk areas that you can address to improve patient safety and increase your RIM score.

- 5 Patients prescribed opioids with substance use disorder
- 0 Patients prescribed opioids concurrently with sedative
- 0 Patients prescribed opioids with sleep apnea diagnosis
- 10 Patients prescribed opioids from more than one practitioner
- 0 Patients prescribed concurrent short-acting and long-acting opioids

RIM PRACTITIONER REPORT

- Combination Therapies
- Combination Formularies
- Comorbid Diagnoses
- Drug Screening
- Discontinuation
- Dose
- Duration
- Early Refills
- Emergency Room Visits and Prescribing
- Family Planning & Pregnancy
- Methadone Safety
- Multi-Prescriber
- Opioid Panel Size
- Poly-drug Prescribing
- Script Length
- Unreported Clinical Visit

SCORECARD QUESTIONS OR EDUCATION

- For assistance creating a BlueAccess account to view your scorecard:
  - email eBusiness_service@bcbst.com
  - Call eBusiness Services Phone: (423) 535-5717

- To discuss scorecard information, email axialHealthcare: providersupport@axialhealthcare.com

OPIOID MEDICATION MANAGEMENT

OPIOID MEDICATIONS

2016 FORMULARY CHANGES

- 1/1/16 – Quantity limit additions/updates on opioid medications
  - Designed to align to minimum industry limits
- 7/1/16 – Prior Authorization required for members newly starting long acting opioids
- Prior authorization criteria based on CDC Guidelines for Prescribing Opioids for Chronic Pain, Tennessee Chronic Pain Guidelines, and feedback from our external advisory panel

OPIOID MEDICATIONS

2017 UPDATES

Prior Authorization on Long-Acting Opioids

- Fentanyl patches
- Morphine sulfate ER
- Morphine sulfate CR

Quantity Limits Updated on All Opioids

- Long-acting opioids (e.g. fentanyl and morphine sulfate ER)
- Short-acting opioids (e.g. oxycodone IR, hydrocodone/APAP, oxycodone/APAP)

Morphine Equivalent Dose (MEqD) limit that is applied to all opioids

Questions?

Quality Improvement Panel

Peace of Mind through Better Health

ALL Blue 2017

Quality Improvement

How we Support the BlueCross Mission

We help deliver the best medical value by focusing on the health of your patients through:

- Prevention
- Screenings and wellness
- Care coordination
- Collaboration with providers

Quality Care Rewards Tool

Benefits and Tips

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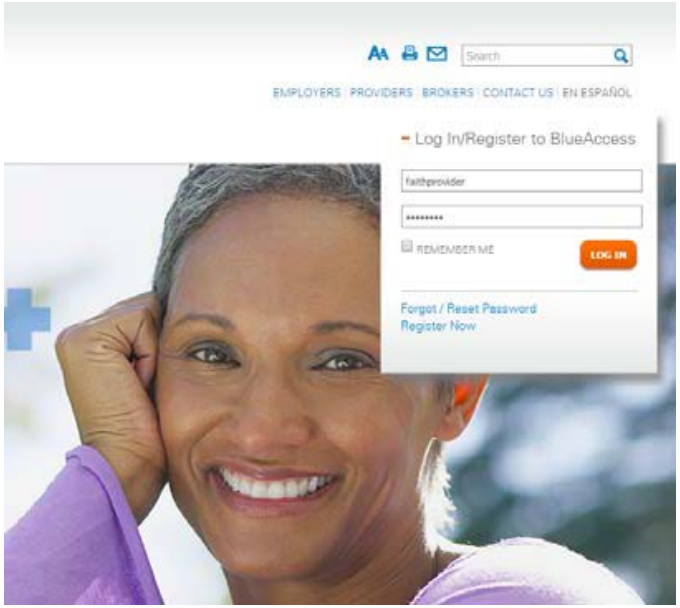
Accessing the Quality Care Rewards Tool

To get started:

Log in to BlueAccess from bcbst.com and enter your User ID and password.

If you need help or have questions about the Quality Care Rewards Tool, visit the eBusiness Resource Table before you leave today.



Benefits of Using the Quality Care Rewards Tool

- Pull lists of patients and all their open gaps in care
- View performance on your specific quality programs
- Find tips on how to close specific gaps
- Locate your contacts

Tips for Successful Gap Closure

- Data is a critical element to your success
- Submit attestations via the Quality Care Rewards tool
- Allow BlueCross remote access to your EMR system
- If available, partner with us in a clinical data exchange

Member Scorecards

An Opportunity for Important Discussions

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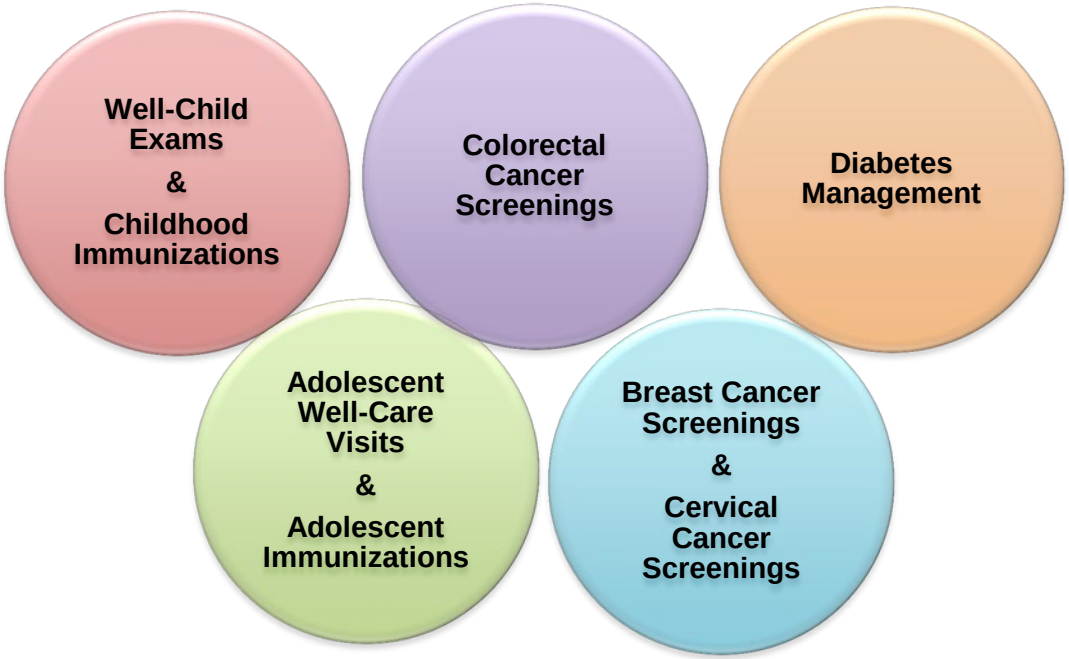
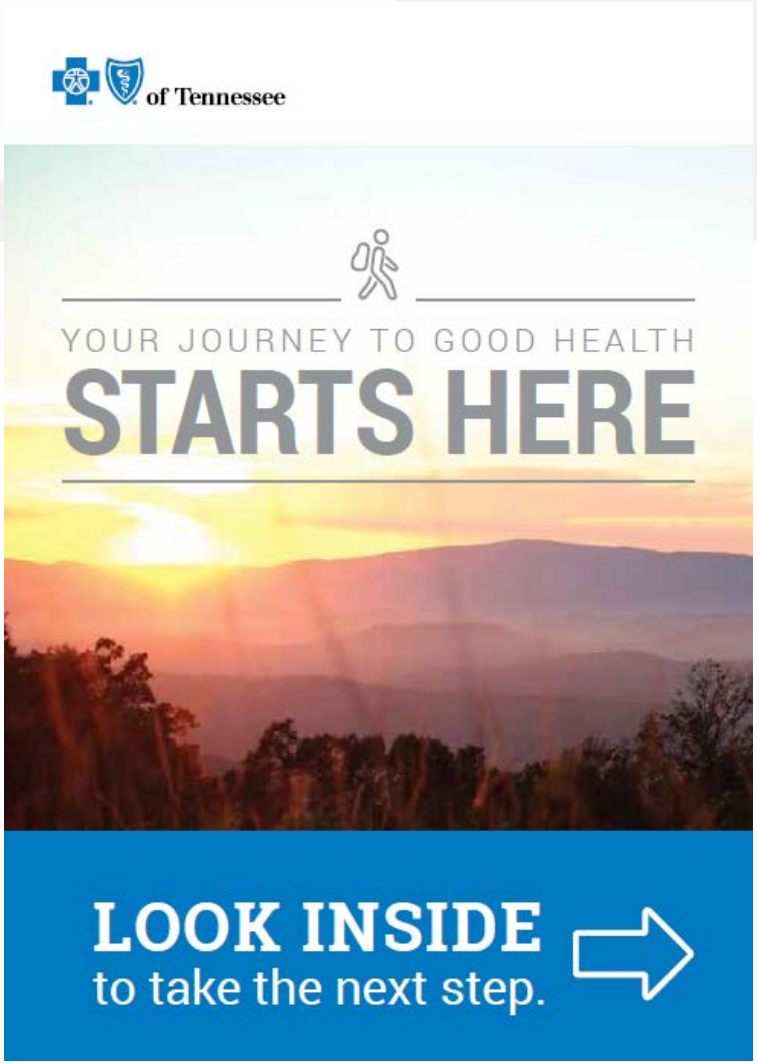
2017 Member Scorecard

Delivered Between April and June 2017

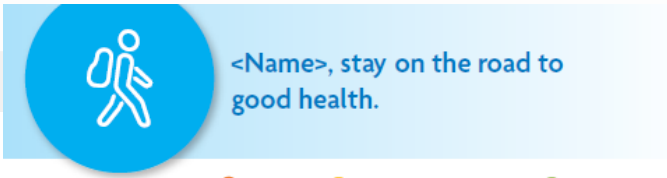
Top conditions for gaps in care





2017 Member Scorecard

Health Indicators



What you need	Why	Your Status
Physical Exam with your Primary Care Provider (PCP) or OB/GYN	With regular checkups, small health problems can be spotted before they become big issues.	!

Make your appointment today. Date & Time: _____
Take this mailer with you to discuss.

What you need	Why	Your Status
Colorectal Cancer Screening	Finding colon or rectal cancer early could save your life. This screening can be done with a fecal blood test, a flexible sigmoidoscopy or a colonoscopy. Discuss with your doctor.	✕

Special care for women

What you need	Why	Your status
Cervical Cancer Screening	Regular Pap tests screen for cervical cancer. Treatment is more successful if this cancer is found early.	✕
Breast Cancer Screening	A mammogram is an X-ray of the breast. It can find cancer before you or a provider discover a lump. Finding cancer early can save your life.	✕

Status indicator of recommended health screenings

- **Red:** Past due
- **Yellow/Orange:** Needed
- **Green:** Up-to-date

Provides detail of screening needed and its purpose

Special care for diabetics

What you need	Why	Your status
HbA1c Testing	Checks your average blood sugar levels over the past three months. Blood sugar level control helps prevent damage to your heart, kidneys and other vital organs.	✕
Urine test for protein	Checks for signs of diabetic kidney disease (nephropathy). This important test makes sure your kidneys are functioning properly.	✕
Dilated Retinal Eye Exam (DRE)	Checks for damage to your eyes. DRE is a medical test and doesn't require vision benefits. See an eye doctor (ophthalmologist or optometrist) yearly.	!
Blood Pressure Screening	A healthy blood pressure (less than 140/90) helps keep your heart healthy. Blood pressure control reduces risk of heart attack, stroke or kidney disease.	

On-site Health Screening Events

Supporting Your Efforts to Deliver Quality Care

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Quality Improvement

Partnering with Providers to Close Gaps in Care

Customized On-site Events

How We Can Help

- Comprehensive diabetes care
- Women’s health
- Targeted screenings
- Well-woman and well-child visits
- Bone density

On-site Events

Coordination and Scheduling Contacts

BlueCare Tennessee

- 1-800-771-0217

Commercial

- GM_Commercial_Quality_Improvement@bcbst.com

Medicare Advantage

- Contact your Quality/Stars Team provider representative

Online Resources

Visit the Quality Initiatives Web Page

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What's Available

bcbst.com/providers/quality-initiatives.page

- Provider guides
- Program matrices
- Member health education material
- Quality Care Quarterly newsletter

Quality Initiative and Programs

Contacts for all Lines of Business

Commercial

Patty Howard, Manager, Commercial Quality Improvement
Patty_Howard@bcbst.com
(423) 535-7865

Medicare Advantage

East Region

Ashley Ward Ashley_Ward@bcbst.com
(865) 588-4628

Middle/West Region

Genaro Velasquez Rios Genaro_VelasquezRios@bcbst.com
(615) 565-1910

Parrisha Beard Parissha_Beard@bcbst.com
(615) 565-1941

Quality Initiative and Programs

Contacts for all Lines of Business

BlueCare Tennessee

Statewide

Sharonda Featherstone, Manager, Provider Quality, (423) 535-8299
Sharonda_Featherstone@bcbst.com

East Grand Region

Sam Hatch, Provider Quality Consultant, (423) 535-4204
Sam_Hatch@bcbst.com

West and Middle Grand Region

Tiffany Gray-Jackson, Provider Quality Consultant, (423) 544-2595
Tiffany_Gray@bcbst.com

Have Questions?

Visit our teams at the Resource Center today.

BlueCare Tennessee

BlueCare Tennessee

Key Initiatives

ALL Blue 2017

Promoting Quality Care

Our Goal

Make the Lives of Our Members Better

Coordinate the total physical, mental and long-term care support and services needs to make the lives of our members better.

Our Goal

Key to Success

- Working together to deliver quality care
- You are the most influential element of your patients' health care experience
- Quality as demonstrated by:
  - 4 STAR BlueCare East
  - NCQA Accreditation
  - Top in Member Satisfaction

	Accreditation		Health Plan
	Score	Status	Stars
Bluecare Tennessee	82.8569	Commendable	
BlueCare East			★★★★☆
BlueCare Middle			★★★½☆
BlueCare West			★★★☆☆
TennCareSelect			★★★☆☆

ALL Blue 2017

Consumer Assessment of HealthCare Providers and Systems (CAHPS)

- CAHPS survey measures topics important to our members (provider communication skills and accessibility of services)

- The National Committee for Quality Assurance (NCQA) adopted the CAHPS Survey as part of its health plan accreditation process.

- The CAHPS question related to Coordination of Care impacts the member's perception about the care received from the primary doctor:

  In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

Consumer Assessment of HealthCare Providers and Systems (CAHPS) *continued*

BlueCare Tennessee

Steps to help patients get more from their visit with you:

- Spend focused time with them
- Sit with the patient instead of standing (patient perception of time is enhanced when sitting at same level
- Provide information that is easy to understand and review the key elements with the patient
- Involve the patient in the decision-making process

Consumer Assessment of HealthCare Providers and Systems (CAHPS) *continued*

BlueCare Tennessee

Steps to help patients get more from their visit with you:

- Discuss treatment plan including referrals to other providers to complete care needs
- Acknowledge the patient's concerns
- Ask open-ended and specific questions
- Listen to the patient's responses and acknowledge you heard them
- Understand the patient's experience and perspective

Consumer Assessment of HealthCare Providers and Systems (CAHPS) *continued*

BlueCare Tennessee

Steps to help patients get more from their visit with you:

- Take time to sufficiently explain information/instructions related to the course of treatment
- Ask the patient to recall and explain or demonstrate the important information discussed during visit
- Be informed and up-to-date about the care the patient has and receives from other doctors or health providers
- Help patients schedule appointments and care quickly

Clinical Practice Guidelines

Program Standards

- Committed to collaborating with you to ensure quality service to our members (resources such as CPGs are available to help this effort

- Links to guidelines are in the Health Care Practice Recommendations Manual at http://www.bcbst.com/providers/hcpr

- We may also develop modified CPGs based on Bureau of TennCare guidelines and/or nationally recognized standards

- Links to guidelines at http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Clinical-Practice-Guidelines.html

Promoting Quality Care

Preventive Measures – Well Child Exams

- **Ages 0 to 15 months**: 6 well-care visits (at least 2 weeks apart) with a primary care provider (PCP) that include health and development history, physical exam and health education/anticipatory guidance
- **Ages 18, 24 and 30 months:** PCP visit at least once during these intervals: 16-18 months, 19 to 24 months and 25-30 months.
- **Ages 3 to 6 years:** Annual well-care visits with a PCP that include health and development history, physical exam and health education/anticipatory guidance
- **Ages 12 to 21 years**: Annual well-care visits with a PCP or ob/gyn that include health and development history, physical exam and health education/anticipatory guidance

Promoting Quality Care

Preventive Measures – Well Child Exams *continued*

BlueCare Tennessee

Give kids a SHOT at better health

IMMUNIZATION CHART				
BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS
HepB	..... HepB			HepB
		RV	RV	RV
		DTaP	DTaP	DTaP
		Hib	Hib	Hib
		PCV	PCV	PCV
		IPV	IPV	IPV
				Influenza

VACCINE	DISEASE(S)	VACCINE	DISEASE(S)	VACCINE	DISEASE(S)
HepB	Hepatitis B	DTaP	Diphtheria, tetanus, pertussis	PCV	Pneumococcus
RV	Rotavirus	Hib	*Haemophilus influenzae type b*	IPV	Polio

The first few months of a baby's life can feel overwhelming to mom and dad. You can help them keep immunizations on their to-do list. Prepare new parents for the schedule of shots.

Promoting Quality Care

CDC Recommendations for Flu and Rotavirus Vaccines

BlueCare Tennessee

New for the 2016-2017 flu season:

- Only injectable flu shots are recommended
- Flu vaccines have been updated to better match circulating viruses
- New vaccines on the market
- Recommendations for people with egg allergies changed

Promoting Quality Care

CDC Recommendations for Flu and Rotavirus Vaccines - *continued*

- Rotavirus dose recommendations:
  - First Dose: 2 months of age
  - Second Dose: 4 months of age
  - Third Dose: 6 months of age (if needed)
- The first dose before 15 weeks of age, and the last by age 8 months (may safely be given at the same time as other vaccines)
- Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea

DISEASES and the VACCINES THAT PREVENT THEM
Updated February 2013

Rotavirus

"I just wish we had known": A True Story

"As first-time parents, we had never even heard of rotavirus until our twin boys got it," said Michele. "Even if I had heard of this disease before, I could not have imagined just how sick it would make my babies."

Michele's twins, William and Andrew, were born 2 months premature in April 2006. After much love, nurturing, and a diet of high-calorie formula to help them gain weight, the boys were thriving. Within a few months, they were healthy, happy infants with no evidence that they had been born early.

However, when they were 10 months old, they came down with severe diarrhea and vomiting. "They had so much vomiting and diarrhea that they were like limp little rag dolls," Michele described. "William's eyes were sunk back in his head, and they both were so weak, they couldn't cry. It was agonizing to watch my children suffer, and I felt helpless to ease their pain."

The doctor immediately recognized rotavirus as the cause of their illnesses. Unfortunately, since the twins were already sick with the disease, vaccination could not help. The rotavirus vaccine had been licensed by the U.S. Food and Drug Administration (FDA) and recommended for all infants by the Centers for Disease Control and Prevention (CDC) only a few months before William and Andrew's birth. When new vaccines are added to the recommended schedule, it can take several months for large numbers of doses of the new vaccines to be manufactured and distributed throughout the United States.

For the next five weeks after the boys got sick, Michele and her husband kept constant vigil over them, trying to keep them hydrated. Making sure they drank enough to keep them going was the major challenge. "With the constant vomiting and diarrhea, the boys lost a lot of weight," Michele said. "It was like we were going back to square one again with fragile, premature infants."

If Michele and her husband had not been able to keep the boys hydrated at home by getting them to drink enough, the twins would have had to go to the hospital for IV fluids—a costly strain on the entire family, both emotionally and financially. Fortunately, the boys made a full recovery.

However, weeks of constant worry took a lasting toll on the family. Adding to the stress, the boys could not return to child care until they recovered, and the family had to go through a very difficult process to find a good baby sitter. That's because Michele and her husband both used up the time they could take off from work before the babies were over their illnesses. "I had to hand over my very sick babies to someone else to care for them. I still get choked up and cry when I think about that stressful time," Michele explained.

"I just wish we had known about this vaccine and had been able to get it to protect our boys," said Michele. "I'd encourage parents to talk about this vaccine with their doctor, because it can save children and parents from so much suffering."

Rotavirus is Serious

"If your infant or young child has ever had severe diarrhea and vomiting that lasted for days, there is a good chance rotavirus was to blame," said CDC's Dr. Daniel Payne.

Rotavirus is the most common cause of severe diarrhea and vomiting among children in the United States and around the world. "Even when there is access to quality health care, some babies can be ill for weeks, becoming weak and even losing weight," said Dr. Payne. In places without good health care, dehydration from rotavirus infection can be deadly.

"Unless children are vaccinated, almost all of them get rotavirus before their 5th birthday," explained Dr. Payne. "Before rotavirus vaccine was widely used in the United States, rotavirus was responsible for more than 400,000 doctors' visits, and between 55,000 and 70,000 babies were hospitalized each year because of this disease."

Rotavirus Symptoms

Rotavirus infection may not be severe for some children. It may start out like a mild illness. But for some, rotavirus is much more serious. Infected children have a fever and upset stomach, with diarrhea and vomiting. "First of all, children who have rotavirus generally have more severe diarrhea than if they had other common intestinal infections," explained Dr. Payne. "Rotavirus infection can last from 3 to 8 days, up to as long as few weeks in serious cases."

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Provider Quality

BlueCare Tennessee

Objective

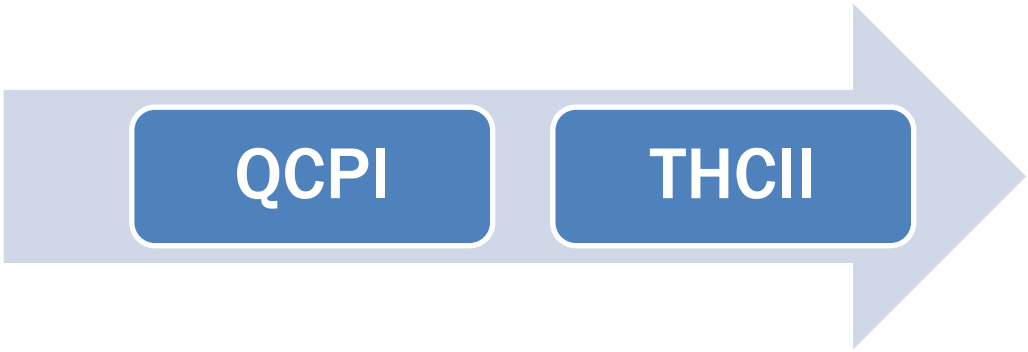
The purpose of BlueCare Tennessee's provider quality program is to understand and encourage an active and positive partnership with its providers with the goal of improving provider performance, quality service delivery, and improved health outcomes for members.

BlueCare Tennessee Value Based Programs

- Working together to deliver quality care
- You are the most influential element of your patient's health care experience

BlueCare Tennessee Value Based Programs

- Alignment of BlueCare Value Based Programs across the Quality Continuum:
  - Quality Care Partnership Initiative
  - Tennessee Health Care Innovation Initiative for Patient-Centered Medical Home and Tennessee Health Link



Quality Care Partnership Initiative (QCPI)

BlueCare Tennessee

- Represents our shared commitment to quality by reimbursing providers based on objective, measurable quality outcomes.
- PCPs who participate in the QCPI will be measured based on their performance on objective, evidence-based quality measures (performance on these measures influences reimbursement for the next year).
- Participants will earn a PMPM rate depending on quality performance ratings, which focus on a set of HEDIS® measures.
- The program is designed to improve the clinical quality, patient experience, and cost effectiveness of health care.

Tennessee Health Care Innovation Initiative (THCII) for Patient Centered Medical Home (PCHM) and Tennessee Health Link

Governor Haslam launched THCII in 2013 to change the way health care is paid for in Tennessee. We want to move from paying for volume to paying for value.

The three THCII strategies are:

- Primary care transformation- Focus on the role of the primary care provider in promoting the delivery of preventive services and managing chronic illnesses over time.
- Episodes of Care - Focus on the health care delivered along with acute health care events (surgical procedure or an inpatient hospitalization). Episodes encompass care delivered by multiple providers related to a specific health care event.
- Long-term service and supports (LTSS) – LTSS component focuses on improving quality and shifting payment to outcomes-based measures for the QuILTSS program and for enhanced respiratory care.

How Can We Support You?

BlueCare Tennessee

- THCII Provider Meetings
- Provider Tools
- Provider Support
- Quality Care Rewards Tool
- Quality Monitoring
- Provider Quality Metrics

How Does BlueCare Work With Your Patients to Improve Care?

BlueCare Tennessee

Targeted Education to Improve Health Outcomes	• Telephonic and Mail Health Education for both preventive and chronic conditions
	• Personalized Messaging through Integrated Outreach Solutions
	• Special Populations
	  • Fall Prevention for Long Term Services and Supports
	  • Resource Parent Education
	  • Trauma Informed Care for Children in State Custody

Motivation Through Incentives	• Gift Cards for Completing Screenings • Age Specific Items for our Hard to Reach Population • Giveaways
Meet Members Where They Live	• Local, Dedicated Staff Members • Health Fairs, Back to School Bashes, Baby Showers • Targeted Screenings with High Volume Providers • "Driving Health Forward" with our State of the Art Mobile Unit • Consumer Information Center – Personal Face to Face Service
Strengthen Community Partnerships	• Interagency Meetings (Health Departments, Schools, Department of Children's Services, Department of Intellectual Disabilities, Area Agency on Aging and Disabilities, other state and federal agencies) • Faith Based Institutions • Schools • Advisory Panels – CHOICES, Behavioral Health, ECF, and Disparities

*my*BLUEPCP Program Reminders

BlueCare Tennessee

Provider Availability is Key to Assignment

- Acceptance Criteria – New patients, established patients only, etc.
- Patient age and sex limitations
- Patient Load: Maximum member load: 2,500 or less for physician (1,250 or less for physician extender)

Provider Support

- PCP member rosters (and real-time rosters) are in BlueAccess and updated weekly
- Proactive Reports are in place to identify claim issues related to PCP change inventory
- Provider outreach is done for PCPs with high volumes of claim denials (member outreach is done for members who frequently change PCPs)

*my*BLUEPCP Program Reminders

BlueCare Tennessee

On-Call Logic

- **For PCPs with group affiliation** – All participating PCPs within the same provider group are systematically loaded as covering for each other.

- **For PCPs without group affiliation** – All PCPs without group affiliation can be manually loaded with covering provider information based on provider request.

TennCare Kids

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

BlueCare Tennessee provides health plans to more than 343,000 members under the age of 21.

- Our goal is to ensure each child receives appropriate health care
- This can be accomplished through their TennCare Kids checkups

These services should be performed based on Bright Futures/American Academy of Pediatrics – "Recommendations for Preventive Pediatric Health Care"

TennCare Kids (EPSDT)

BlueCare Tennessee

We Need Your Help

Schedule Appointments and Provide Reminders for your Patients

Partner with us to conduct Outreach Campaigns

Document all components of the exam in the patient's medical record

Bill appropriately to maximize your reimbursement

TennCare Kids Medical Record Documentation

BlueCare Tennessee

Documentation in the Medical Record is very important!

- All seven components of a TennCare Kids exam should be documented.

Seven Components include:

- Comprehensive Heath and Developmental History
- Comprehensive Unclothed Physical Exam
- Vision Screening
- Hearing Screening
- Laboratory Tests/Procedures
- Immunizations
- Health Education/Anticipatory Guidance

Physical Examination Documentation

BlueCare Tennessee

A physical examination with the child/teen suitably draped should be performed.

When there is evidence of this exam, please be sure to include in the medical record.

Children may be uncooperative during an exam, or a parent may refuse an exam.

Both of these outcomes should be documented in the medical record.

Immunization Documentation

When patients or parents choose not to vaccinate, use the AAP's Refusal to Vaccinate form.

The form and instructions can be found on www.aap.org.

Do not assume the child is on a "catch-up" schedule.

This information must be documented in the record.

TennCare Kids (EPSDT)

Missed Opportunities

BlueCare Tennessee

There are “missed opportunities” to capitalize on:

Data submitted on claims is used to evaluate and monitor EPSDT Screening Rates.	It is very important that claims are complete and accurately billed.
Children with Special Needs Require TennCare Kids Services Too.	When a patient presents with symptoms such as an ear infection and is due for a well-child exam, then both codes may be billed using the modifier 25 added to the office visit code.
Sports Physicals do not take the place of a annual TennCare Kids exam, so please provide both.	Patients who have other insurance

TennCare Kids (EPSDT)

Training and Coding Resources

The Tennessee Chapter of the American Academy of Pediatrics offers an extensive EPSDT and Coding Program, documentation aids and encounter forms.

Please visit the website at **www.tnaap.org** for additional information.

Provider Satisfaction Survey

ALL Blue 2017

Provider Satisfaction Survey

Tell Us How We're Doing

Tell us how we're doing:

- Quick
- Easy
- Only one page
- Collected electronically
- Survey period July 3 – Sept. 29, 2017

Provider Satisfaction Survey

Tell Us How We're Doing

Tell us how we're doing in the following areas:

- Provider Communication
- Provider Education
- Provider Complaints
- Claims Processing
- Claims Reimbursement
- Utilization Management processes (including medical reviews)
- Overall Satisfaction with the health plan

Have Questions?

Tennessee Healthcare Innovation Initiative (THCII): Episodes of Care

Scott Fontana, Provider Performance Analytics
Kelley Goodson, Value-based Programs

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Episodes of Care

Key Points

- Episode-based payment aligns incentives with successfully achieving a patient's desired outcome during an “episode of care” (clinical event with specific start and end points)

http://www.tn.gov/hcfa/topic/episodes-of-care#sthash.QRmbo6jW.dpuf

Episodes of Care - *continued*

Key Points

- Some factors for BlueCare Tennessee, TennCare *Select* (TCS), CoverKids, SEHP and Fully Insured and are determined by the state:
  - The quarterback for an episode
  - The detailed business requirements for each Episode
  - The reporting layout, parameters and requirements
  - *Methodology* for Commendable and Acceptable Thresholds
- Over 70 episodes in the process of being released for BlueCare, TCS and CoverKids
- Approximately 60 episodes planned for release for State Employee Health Plan (SEHP) and Fully Insured under Blue Network S℠

Episodes of Care - *continued*

Key Points

- Additional factors determined by the state:
  - Reports are sent out quarterly, with the final report delivered in August of the year after the reporting/performance period
  - The performance period is a full calendar year, January through December

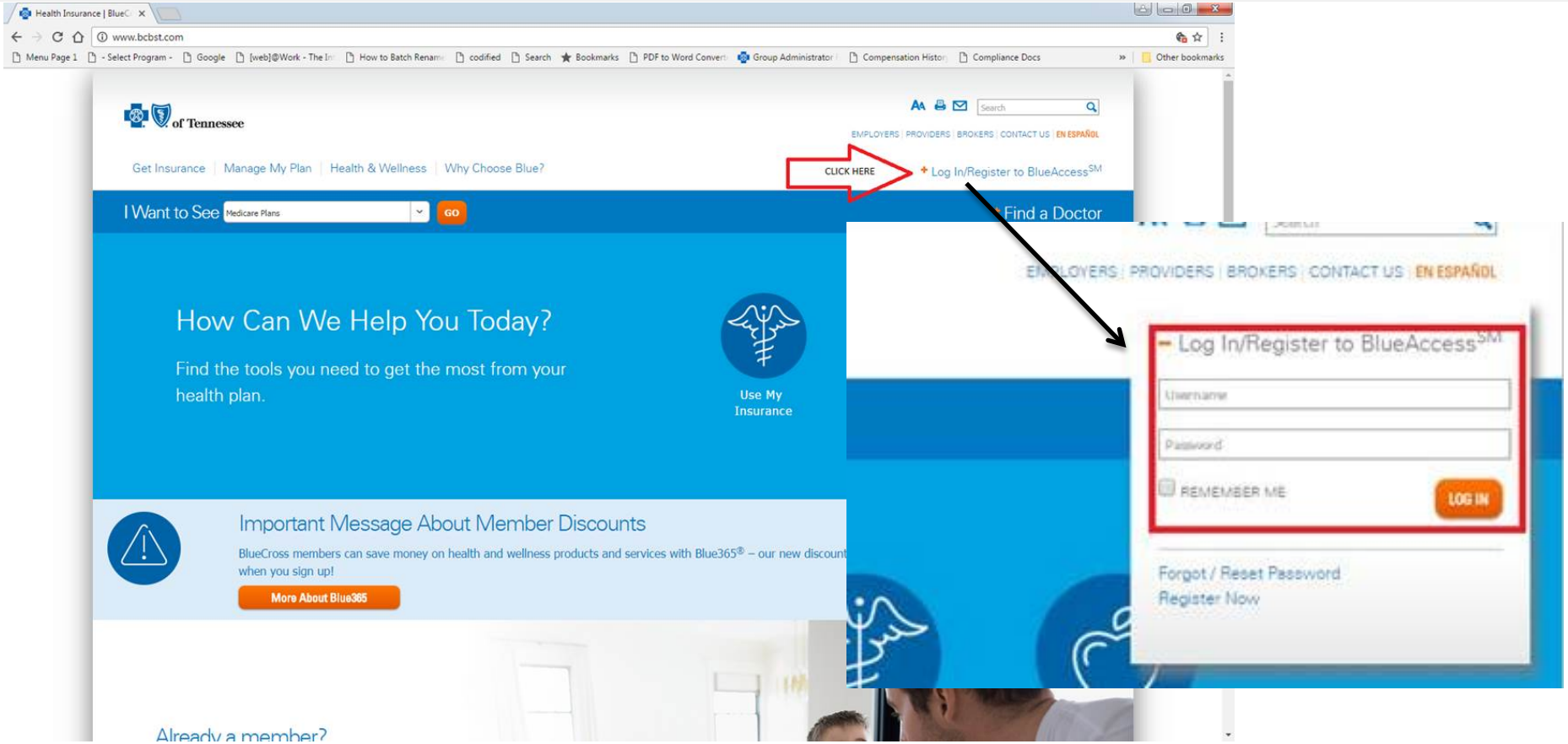
Episodes of Care - *continued*

Key Points

- Reports are available on BlueAccess℠
- Providers can discuss reports and dispute results as quarterly reports are published
- For Medicaid, a provider must have three or more episodes to be eligible for gain or risk share
- For SEHP and Fully Insured, a provider must have 40 or more episodes to be eligible for gain or risk share

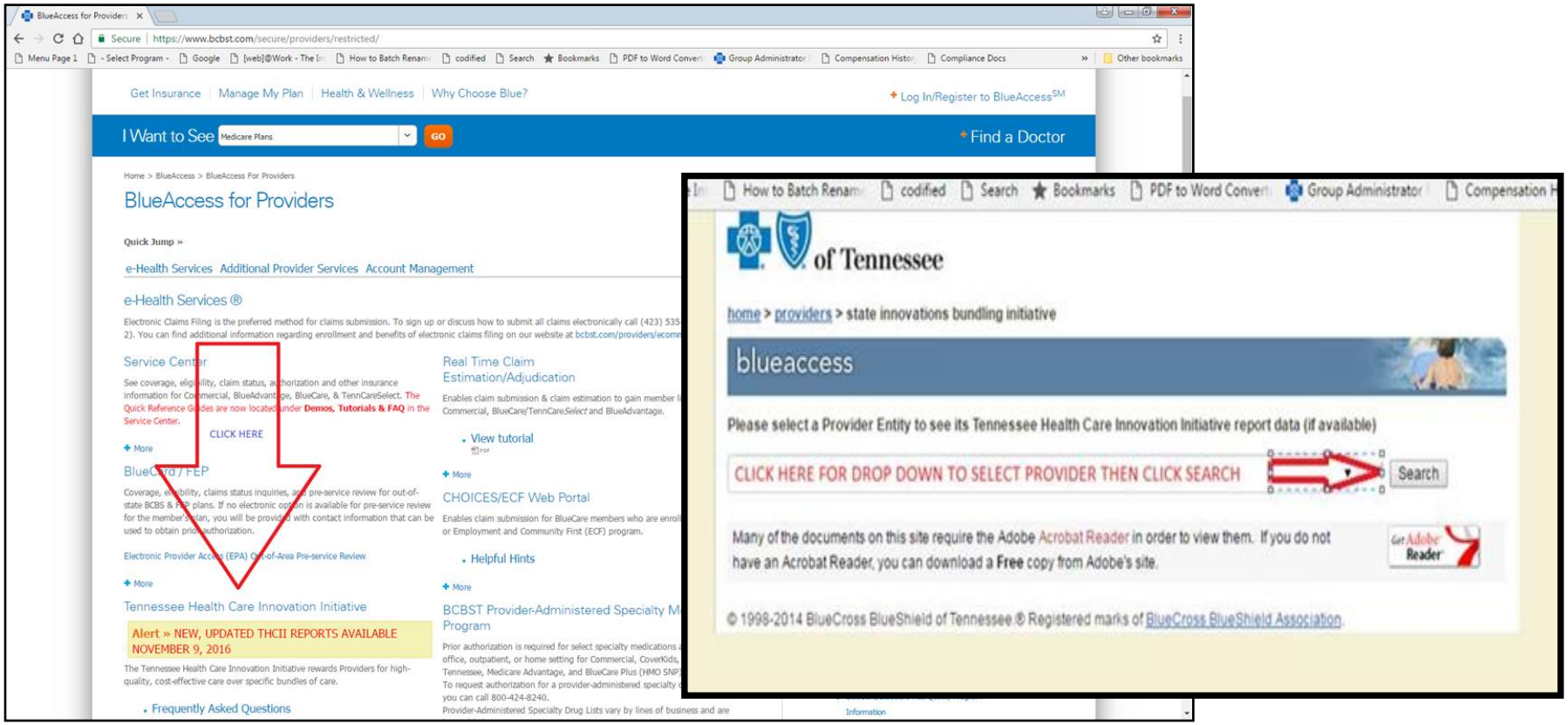
Episodes of Care

Accessing Reports



Episodes of Care - *continued*

Accessing Reports



Episodes of Care - *continued*

Accessing Reports

Episodes of Care

Entrance into Commercial

- The first performance year will see the following episodes implemented and reported:
  - Perinatal
  - Total Joint Replacement (hip and knee)
  - Screening and Surveillance Colonoscopy
  - Outpatient and Non-Acute Inpatient Cholecystectomy
  - Acute Percutaneous Coronary Intervention (PCI)
  - Non-acute Percutaneous Coronary Intervention (PCI)

- Only for the SEHP and Fully Insured business in Blue Network S

Episodes of Care - *continued*

Entrance into Commercial

- Same methodologies for thresholds and detail business requirements and parameters for episodes developed by HCFA for THCII
- Same methodology for risk adjustment
- Gain/Risk sharing applies when provider has 40+ episodes in either SEHP or Fully Insured or combination of both SEHP and Fully Insured
- Gain/Risk sharing and reporting are aggregated based on the combination of Contract ID + Tax ID

Episodes of Care

SEHP Defers Gain/Risk Share for 2017

- To promote EOC adoption in Commercial markets, the state deferred required participation in the gain/risk share portion of the EOC program until Jan. 1, 2018, for SEHP episodes.

- This allows the state to organize meetings with providers and commercial carriers to solicit provider engagement and feedback.

- Program input and concerns will be collected, examined and addressed as appropriate to move the program forward as planned Jan, 1, 2018.

Episodes of Care – *continued*

SEHP Defers Gain/Risk Share for 2017

- Although required participation in the gain/risk share portion for 2017 was deferred, you need to sign an amendment to enact this change to the program based on your current agreement.

- If the amendment is not received or you still want to be eligible for gain/risk share, we will preserve and apply the gain/risk share portion of the EOC program for 2017.

- Defer or not, we will run reports as though no deferral occurred. This enables ongoing availability of your data and performance in the EOC program and extends the opportunity to preview your performance in the program.

Episodes of Care

Commonly Asked Questions

- Why didn't my screening show up in my reports?
- How are Quarterbacks selected?
- How do we dispute the results on our reports?
- Why can't I see my reports?

Most of these answers can be found on our website: http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/THCII.html and here for Commercial: http://www.bcbst.com/providers/episode-of-care.page

Episodes of Care

Resources

Guide to Reading Your Episode of Care Report

This brief guide explains how to read an Episode of Care report using an illustrative example. The report can help y
patients for whom you are the
Quarterback, and identify the p
documenting best practices. In

Overall summary

of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Tennessee Healthcare Innovation Initiati
Blue Network S State Employee Health Plar
Fully Insured Episode of Care
Program Guide

This Program Guide includes important information about the design of
resources to help health care Providers understand how the program imp

In February 2013, the State of Tennessee launched the Tennessee Health
which seeks to pay for outcomes and quality care (i.e. value-based care),
services provided (i.e. volume-based care). The state is working collabor
Providers, and payers to achieve meaningful payment reform. By workin
can make significant progress towards sustainable medical trends and im

Episode of Care is one of three strategies under the Tennessee Health Ca
implemented for Medicaid to focus on health care delivered in associatio
such as a surgical procedure or an inpatient hospitalization. Episodes en
multiple Providers in relation to a specific health care event.

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Chattanooga, TN 37402
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State Employee Health Plan and Fully Insured Episode of Care
BlueCross BlueShield of Tennessee – Blue Network S
Frequently Asked Questions

The Initiative

1. *What is the Tennessee Healthcare Innovation Initiative?*
   Led by the state of Tennessee, the Tennessee Healthcare Innovation Initiative (THCII) was created to lower costs and improve health care for Tennesseans.

   THCII aims to shift the health care system from **volume-based** to **value-based**. The program is designed to protect our members' physical and fiscal health by rewarding doctors and hospitals for high quality, efficient treatment of medical conditions.

2. *What is the Blue Network S State Employee Health Plan and Fully Insured Episode of Care program and how is it different from the THCII Episode of Care program?*
   Effective Jan. 1, 2017, BlueCross BlueShield of Tennessee will launch the THCII Episode of Care program for our State Employee Health Plan (SEHP) and Fully Insured members who use Blue Network S℠ with a few key differences:
   - A Principle Accountable Provider (PAP) – also known as a "Quarterback" – must have 40 or more episodes to be a participant in the program for gain and risk sharing.
   - Up to 60 episodes of care will be established through year 2019.

3. *When does the performance period begin for SEHP and Fully Insured?*
   SEHP – Jan. 1, 2017
   The performance period for SEHP will begin Jan. 1, 2017. Preview reports related to performance have been available for review since May 2014.

Episodes of Care

Resources

For more episode-level detail and other supporting information about reports, etc. please visit http://www.tn.gov/hcfa/section/strategic-planning-and-innovation-group

Episodes of Care

Outreach

Please look for alerts about Episodes of Care!

- Increased communication efforts with the provider community regarding episodes
- You may see Episodes mentioned in emails, newsletters and online banners
- You may even hear your Provider Relations Consultant talk about it

Tennessee Healthcare Innovation Initiative (THCII)

Have Questions?

Keynote Lunch:

Cultural Awareness, Diversity and Inclusion in the 21st Century

Ronald Harris, VP of Diversity and Inclusion

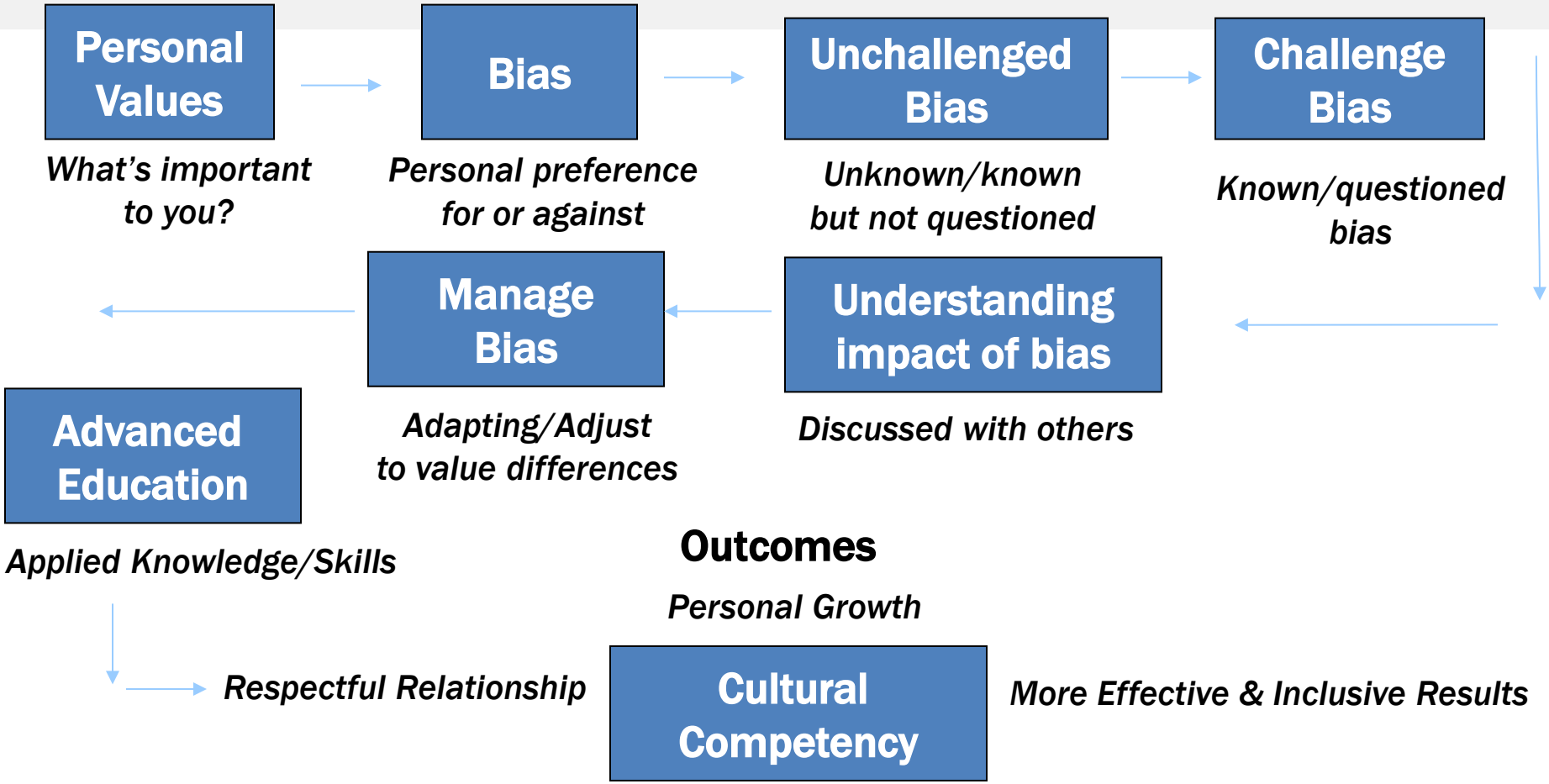
ALL Blue 2017

Diversity Competency Defined

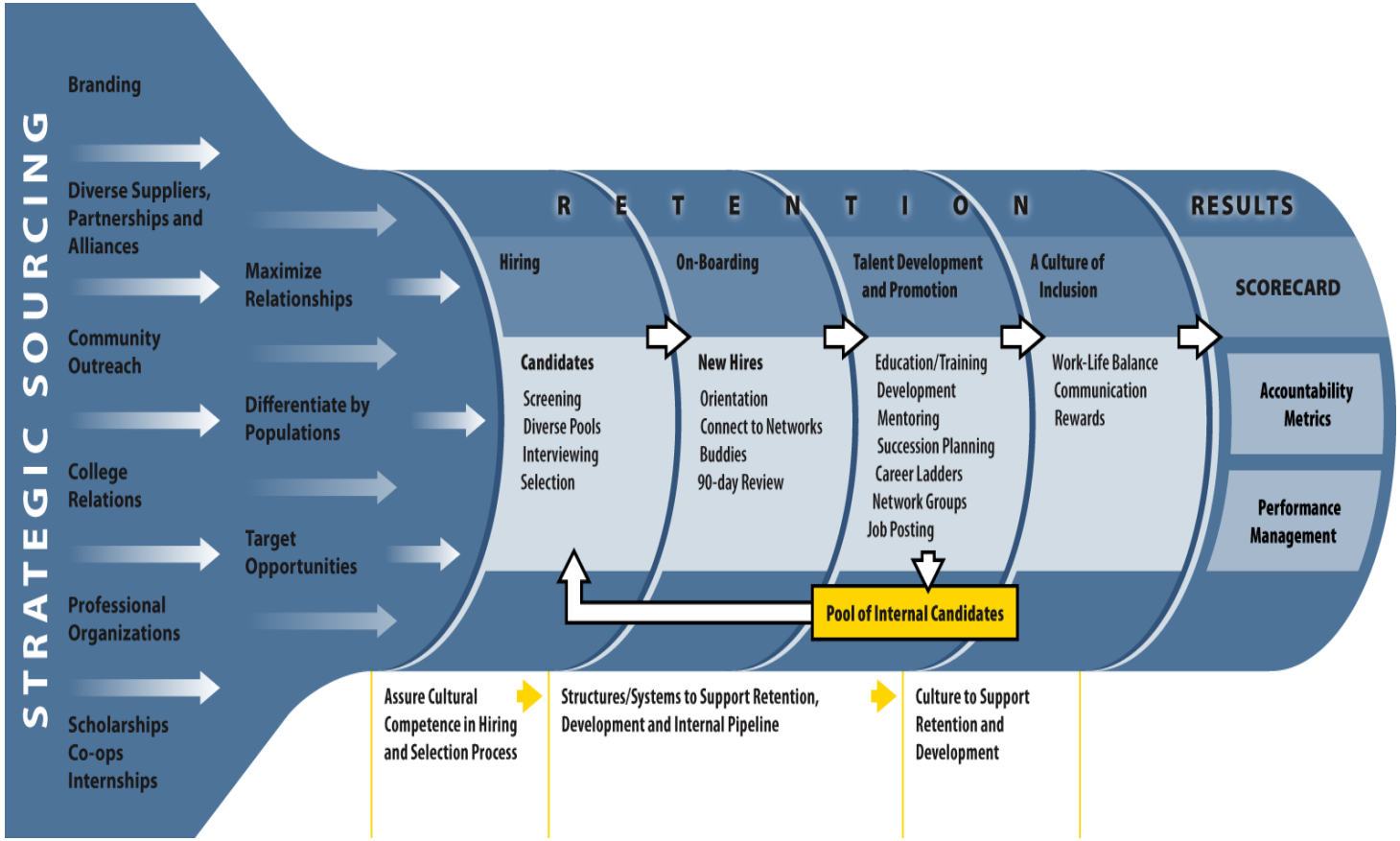
The ability to understand a set of values, behaviors, attitudes and practices within an organization or system that allows one to work effectively, cross culturally. Additionally, it refers to the ability to honor, and respect the beliefs, language, interpersonal styles and behaviors of individuals.

Cultural competency includes but is not limited to race, sex, ethnicity, gender, sexual orientation, class, age, religion, and language.

Diversity Competency Model



Creating A Diversity Pipeline Strategy



Culturally Competent Organizations

- Build the business case for Diversity and Inclusion (D&I) and reflect their customer base and community
- See D&I at all performance levels as important to developing succession plans and employee engagement
- Place more importance on diversity as business relevant and creating accountability
- Have an inclusive definition of diversity

Culturally Competent Organizations – *continued*

- Sponsor more non-traditional Employee Resource Groups
- Budget for D&I initiatives
- Emphasize diversity recruiting and skill training
- Monitor their applicant pool and retention after hiring
- Have top-down leadership accountability/tied to compensation

Diversity at BlueCross BlueShield of Tennessee

- Given the growing diversity among our many stakeholder groups, it is important for BlueCross to reflect the diversity of the populations we serve and establish goals and targets
- Our activities continue to deepen the dialogue about diversity, inclusion, cultural competency and accountability at BlueCross
- We want to develop a diversity-mature organization that nurtures innovation and allows employees to realize their full potential.

Important Diversity Competencies

What did successful leaders and diversity practitioners list as the most important diversity competencies?

- Relationship building skills
- Knowledge of the business/understanding the business
- Communication skills

Baseline Proficiencies (BUL)

- Conveys a solid understanding of subtle and complex diversity and inclusion issues as they relate specifically to marginalized groups
- Takes action to demonstrate the strategic connection between diversity and inclusive practices with organizational success

Baseline Proficiencies (BUL) - *continued*

- Sustains a culture of inclusion through processes and systems
- Fosters a culture of inclusion within the organization, models culturally competent behavior
- Encourages staff commitment to continuous leaning/ improvement in diversity, inclusion and cultural awareness/competence

Baseline Proficiencies (MLL)

- Recognizes diversity mixtures when engaging others; adjusts behaviors and perspectives to accommodate the cultural context of interactions; aware of varying points of view and the emotions of others
- Generally displays cultural competence in communicating with staff
- Demonstrates a working knowledge of the organization’s policy and philosophy toward diversity and inclusiveness

Baseline Proficiencies (MLL) - *continued*

- Conveys respect for diverse individuals and perspectives (generally takes the lead in modeling inclusive and culturally competent behavior)
- Encourages continuous learning/improvement in diversity, inclusion and cultural competence by promoting educational opportunities among staff

Cultural Awareness, Diversity and Inclusion in the 21st Century

Have Questions?

Breakout Sessions

Top Tips for Providers Navigating BlueCross

ALL Blue 2017

Top Tips

BlueAccess (www.bcbst.com/providers)

- Where to Register
- Where to Log In

Quality Care Rewards

Top Tips

Quick Links to Valuable Information

- BlueCare website
    - Provider Education and Resources
- Commercial codes
- Contracting and credentialing
- Forms (Reconsideration/Appeals)
- Provider manuals
    - Medical Policy Manual
- Tools and resources
- www.bcbst.com/providers

Top Tips

- Tools and Information
  - Utilization Management Resources
  - BlueCard and InterPlan Programs
- Important Initiatives
- News You Need to Know
  - BlueAlert

Top Tips for Providers Navigating BlueCross

Questions?

BlueCare Tennessee

BlueCare Tennessee

*my***BLUE** PCP Assignment and Lock-in Requirements

ALL Blue 2017

PCP Assignment

- Upon eligibility notification from the Bureau of TennCare, members are assigned to a PCP daily (except Dual Eligible Members)
- Auto assignment logic is used
    - Head of household
    - Zip code parameters
    - Previous Member
- Members can change their PCPs at any time, however, they are encouraged to see the PCP listed on their identification card.

PCP Assignment

Provider Availability is Key to Assignment

- Acceptance Criteria (new patients, established patients only, etc.)
- Patient age and sex limitations
- Patient Load: Maximum member load: 2,500 or less for physician (1,250 or less for physician extender)

Member/Provider Relationship Termination

- Mail certified letter to give members 30-day notice advising them:
  - Their relationship will terminate and reason why
  - They need to find new a provider
- Fax a copy of the member's certified letter to BlueCare Tennessee PCP Change Team at 1-888-261-9025.

*my*BLUE PCP Program Reminders

BlueCare Tennessee

General Guidelines:

- Applies when provider of service is PCP (specialists are exempt)
- Locations 11 (office) and 12 (home)
- Go-live date Aug. 1, 2015

Exclusions:

- Retro-eligible and dual-eligible members
- Newborns <= 90 days old
- When member sees PCP within same group or the covering PCP Health Departments, Federally Qualified Health Centers and Rural Health Clinics

*my*BLUE PCP Program Reminders – *continued*

BlueCare Tennessee

Exclusions

- PCP member rosters (and real-time rosters) are in BlueAccess and updated weekly
- Proactive Reports are in place to identify claim issues related to PCP change inventory
- Provider outreach is done for PCPs with high volumes of claim denials (member outreach is done for members who frequently change PCPs)

On-Call Logic

- **For PCPs with group affiliation** – All participating PCPs within the same provider group are systematically loaded as covering for each other. A nightly program updates information.

    - All PCPs under the same tax ID but in different groups can be loaded as covering for each other based on details we get from you.

- **For PCPs without group affiliation** – All PCPs without group affiliation can be manually loaded with covering provider information based on provider request.

How to Submit PCP Changes

- Fax the form to 1-888-261-9025

  Note: The effective date of the PCP change will be the signature date on the form.

- Download the PC form:

  http://bluecare.bcbst.com/forms/Member-Handbooks/Primary_Care_Provider_PCP_Change_Form_3.3.15.pdf

- Call Member Service while the patient is in your office so he or she can request the PCP change

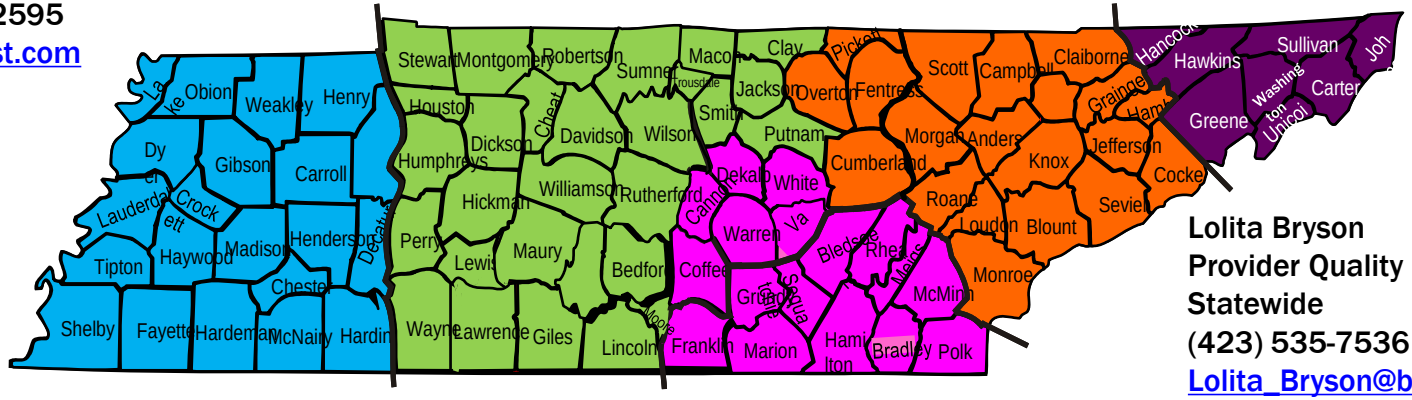
- Email requests to: IO-BluecarePCP_GM@BCBST.com

Provider Quality – Who We Are

BlueCare Tennessee

Tiffany Gray-Jackson
Provider Quality Consultant
West and Middle Grand Region
Phone (901) 544-2595
Tiffany_Gray@bcbst.com

Sharonda Featherstone
Manager Provider Quality Statewide
Phone (423) 535-8299
Sharonda_Featherstone@bcbst.com



Lolita Bryson
Provider Quality Consultant
Statewide
(423) 535-7536
Lolita_Bryson@bcbst.com

Cristy Singletary
Provider Quality Consultant
Middle Grand Region
(615) 760-8798
Cristy_Singletary@bcbst.com

Sam Hatch
Provider Quality Consultant
East Grand Region
(423) 535-4204
Sam_Hatch@bcbst.com

Additional Resources

Visit our website:

http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/PCP-Assignment.html

Have Questions?