



**BlueCross BlueShield  
of Tennessee**

801 Pine Street  
Chattanooga, Tennessee 37402-2555

*www.bcbst.com*

# **Value Based Reimbursement Pilot Physician Communication Document**

## Table of Contents

1. Purpose
2. Program Participants
3. Participation Requirements
4. Patient Eligibility
5. Provider Eligibility
6. Enrollment Process
7. Reimbursement Clarifications
8. Billing Instructions/Reimbursement Rules
9. Program/Pilot metrics
10. Provider Speaking Points
11. Facsimile Form for Use in Patient Enrollment

## **Purpose**

Reimbursement of alternative services for treatment of patients in specific disease categories.

## **Program Participants:**

- Select physician groups.
- BlueCross BlueShield of Tennessee fully insured members (Approximately 3,300 members) where BlueCross BlueShield of Tennessee insurance is primary.
- BlueCross BlueShield of Tennessee Employees and their Dependents.
- Established patients recommended by the physician.
- Primary diagnosis of Diabetes, Congestive Heart Failure, and/or Hypertension.
- Excludes FEP, BlueCard<sup>®</sup>, TennCare (BlueCare<sup>®</sup> and TennCare*Select*), self-funded (except Blue Cross Blue Shield of Tennessee employees and Nissan).
- Each month, BlueCross BlueShield of Tennessee will provide a list, based on claims data, of potentially eligible members who have been diagnosed with one of the three diagnosis codes described below.
- Provider recommendation based on clinical criteria.

## **Participation Requirements:**

- Commitment of resources and active participation.
- Use select evidence-based medicine guidelines.
- Use established criteria for Diabetes, Congestive Heart Failure, and Hypertension.
- Electronic medical records or other IT capability. (Transfer of data in predefined format to BlueCross BlueShield of Tennessee).
- Case Management capability:
  - Skill
  - Willingness
  - Capacity (start with current patients but may be expanded later).
- Identification of clinical and non-clinical contact.
- Sign contract amendment.
- Tennessee licensed physicians.
- Practices must notify malpractice carrier of e-mail consultations.
- Should physician practice pattern concerns arise during the pilot, the clinical contact will discuss with physicians on an individual basis.

## Patient clinical criteria:

### Diabetes

- Primary Diagnosis of Diabetes – 250.xx

### Congestive Heart Failure (CHF)

- Primary Diagnosis of Congestive Heart Failure – (398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 425, 425.1, 425.4, 425.7, 425.9, 428.xx)

### Hypertension (HTN)

- Primary Diagnosis of HTN – 401, 401.9

## How to determine eligibility

The physician should ensure patient eligibility of insurance coverage before discussing this program with the patient.

- Check member ID Card.



- Call Customer Service at 1-800-565-9140.
- Indicate to Customer Service Representative you are verifying eligibility for the Value Based Reimbursement Pilot.
- Internet (will be accessible at a future date).

## Enrollment Process

Once an individual who meets the enrollment requirements is identified, **you may enroll your patient by faxing a copy of the enclosed Value Based Reimbursement Pilot Facsimile Form to 1-800-421-2885. Fax the following information to our BlueCross BlueShield of Tennessee Care Coordinators:**

- Member's name, date of birth, telephone number, member's e-mail address and BlueCross BlueShield of Tennessee ID number;
- Diagnosis Code;
- Managing provider name and BlueCross BlueShield of Tennessee provider number;
- Clinical eligibility criteria; and

- Specific baseline clinical values as specified on form.

If the specified criteria are met, members will be enrolled and reimbursement allowed. A \$35.00 enrollment fee (one-time fee) for each member enrolled effective 2/1/05 – 12/31/05 will be paid to the enrolling physician.

## **Physician Incentives/Reimbursement**

Reimbursement includes non-physician health care professionals working with the treating physician, in accordance with the BlueCross BlueShield of Tennessee delegated service policy (NP, CRNA, Midwives, PA, RN, LPN, Radiology Technician, Laboratory Technician, Registered Dietitian/Registered Nutritionist, PharmD etc.). Enrollment for telephonic, e-mail and/or group session reimbursement will be valid through 12-31-05. BlueCross BlueShield of Tennessee will reimburse the following services through this pilot initiative:

- Evaluation and management of phone calls.
- Evaluation and management of e-mail/online visits.
- Group care visits.

## **Reimbursement Clarifications:**

- Applicable for established patients enrolled in the pilot project only.
- Service should generally avoid an office visit.
- Reimbursement will not be made for reminders for patients of office visits, routine lab work, or other services.
- Written documentation related to the service must be included in the patient's medical record including information exchange, assessment and plan of treatment/care.
- The physician is not required to handle the exchange with the patient personally. However, billing is limited to contracted BlueCross BlueShield of Tennessee practitioners (MD, NP, PA, etc.).
- Services must be billed under the managing physician's provider number and Tax ID number.
- Telephonic services (99371) performed by a covering practitioner must be billed with modifier 77.
- Reimbursement will not be made when the patient is requesting medication renewal/refill only without substantive change in clinical situation.

## **Billing Instructions/Reimbursement Rules**

Reimbursement includes non-physician health care professionals working with the treating physician, in accordance with the BlueCross BlueShield of Tennessee delegated service policy (NP, CRNA, Midwives, PA, RN, LPN, Radiology Technician, Laboratory Technician, Registered Dietitian/Registered Nutritionist, PharmD etc.). Claims should be billed with the correct procedure and diagnosis codes on a CMS 1500 claim form. Online and telephone consultation may be initiated by patient or by physician as described below:

**Telephonic reimbursement:**

**CPT<sup>®</sup>/HCPCS Code Definition:** Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physician, pharmacists); simple or brief (e.g., to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)

CPT <sup>®</sup> /HCPCS Code	Type of Service	Pricing
99371	Telephone call	\$25.00 per one call
9937177	Telephone call by covering physician	\$25.00 per one call

**Rule:**

The patient may initiate the call and reimbursement will be appropriate if other parameters are met. Claims for telephonic reimbursement will be submitted on a CMS 1500 utilizing CPT<sup>®</sup> code 99371. Physician may bill multiple telephonic exchanges on the same date of service; however, they must be billed on a single line item.

**Online:**

**CPT<sup>®</sup>/HCPCS Code Definition:** Online evaluation & management service, per encounter, provided by a physician, using the Internet or similar electronic communications network, in response to a patient's request; established patient.

CPT <sup>®</sup> /HCPCS Code	Type of Service	Pricing
0074T	e-mail consultation	\$25.00

Note: CPT<sup>®</sup> Code 0074T is a temporary code effective 7/1/04. Please use this code when billing until a permanent code is published. You will be notified when a permanent code is published.

**Rule:**

The patient may initiate the online visit and reimbursement will be appropriate if other parameters are met. Online consultation should be billed with CPT<sup>®</sup> Code 0074T. Reimbursement for this service will be \$25.00.

Criteria qualifying for reimbursement of online services are described below:

- Physician responds within 24 hours (except over weekend in which case responds by end-of-day Monday).

**And one or more of the following:**

- Patient describes new symptoms and is requesting intervention and/or advice from physician to treat new symptoms.
- Patient describes ongoing symptoms from a recent acute problem or chronic health problem and is requesting intervention and/or advice from physician to treat ongoing acute problem or chronic health problem.

- Evidence that physician is giving substantive medical advice, revising treatment plan, prescribing/revising medication, recommending additional testing, and/or providing self-care/patient education information for new and/or chronic health problem.
- Evidence that physician is making a new diagnosis and is prescribing new treatment.
- Patient requesting interpretation of lab and/or test results with evidence that physician is providing substantive explanation and possibly making recommendations to modify treatment plan, revising medications, etc.
- Evidence that physician is providing extended personal patient counseling that is changing the course of treatment and impacting the potential health outcome.

**Group Sessions:**

**CPT®/HCPCS Code Definition:**

99078 – Physician educational services rendered to patients in a group setting (e.g.: prenatal, obesity, or diabetic instructions)

S9446 – Patient education, not otherwise classified, non-physician provider, group, per session

S9455 – Diabetic management program, group sessions

<b>CPT®/HCPCS Code</b>	<b>Type of Service</b>	<b>Pricing</b>
99078	Physician provided the service	\$20.00
S9446	Non-physician provided the service	\$20.00
S9455	Diabetic management program, group sessions	\$20.00

**Rule:**

**Group Sessions** should be billed with one of the above CPT® Codes. Reimbursement for this service will be \$20.00.

**Program Evaluation**

- Quarterly evaluation of program metrics.
- Random medical record audits by BlueCross BlueShield of Tennessee staff.
- Patient satisfaction surveys to be conducted at 3 months and 6 months.
- Patient functional status to be conducted at enrollment and end of the program.
- Physician satisfaction survey to be conducted at end of program.
- Predictive modeling capabilities will be used to measure improvements in cost and to determine what the members were expected to cost in the next year, and compare it to actual cost.
- Results will be shared with the individual provider organizations quarterly.
- Overall evaluation will determine continuation/expansion of program.

**How to Access RelayHealth Systems**

To access RelayHealth, patients should visit [www.relayhealth.com](http://www.relayhealth.com)

**CPT® is a registered trademark of the American Medical Association**

## Program/Pilot metrics:

Measure	Numerator	Denominator	What is considered improvement?	Data Source	Comments
<b>A. Diabetes</b>					
<b>Process Measures</b>					
1. HbA1c Rate	Number of diabetics with test	All diabetics in the pilot	> 10% increase from baseline	Claims	
2. ER Visit Rate/1000	Number of ER visits for diabetics	All diabetics in the pilot	> 10% decrease from baseline	Claims	
3. Inpatient Admission Rate/1000	Number of admissions for diabetics	All diabetics in the pilot	> 10% decrease from baseline	Claims	
4. Diabetic Retinal Exam Rate	Number of diabetics with exam	All diabetics in the pilot	> 10% increase from baseline	Claims	
5. Cholesterol Test Rate	Number of diabetics with test	All diabetics in the pilot	> 10% increase from baseline	Claims/EMR	
6. Flu Vaccination Rate	Number of diabetics vaccinated	All diabetics in the pilot	> 10% increase from baseline	Claims/EMR	
7. Microalbuminuria Test Rate	Number of diabetics who are not on ACE Inhibitors with test	All diabetics in the pilot who are not on ACE Inhibitors	> 10% increase from baseline	Claims	
<b>Quality/Outcome Measures</b>					
1. HbA1c Level	Number of diabetics with more than 0.5 point decrease in HbA1c level or who achieve a level at or below 7.2	All diabetics in the pilot with HbA1c level > 7.2 at baseline	> 25% of patients who had an HbA1c value greater than 7.2 at baseline show a 0.5 point reduction in value or who achieve a level at or below 7.2	Lab Results/EMR	Measurement will be required at beginning and end of program as well as quarterly during the pilot
2. LDL Level	Number of diabetics with a 10% reduction in LDL levels or who achieve an LDL level < 100mg/dl	All diabetics in the pilot with LDL > 100mg/dl at baseline	> 25% of patients with an LDL > 100mg/dl at baseline have a 10% decrease in LDL level or are below 100 mg/dl when measured at end of program	Lab Results/EMR	Measurement will be required at beginning and end of program as well as quarterly during the pilot
3. Systolic Blood Pressure	Number of diabetics with average systolic blood pressure < 130 mm Hg. Average will be based on the last three readings or last three months, whichever is shorter.	All diabetics in the pilot with systolic blood pressure > 130 mm Hg at baseline	> 25% of patients with a systolic blood pressure > 130 mm Hg at baseline will have an average measure of < 130 mm Hg when averaged over the last three readings or months, whichever is shorter.	EMR	Measurement will be required at beginning and end of program as well as quarterly during the pilot

Measure	Numerator	Denominator	What is considered improvement?	Data Source	Comments
<b>B. Congestive Heart Failure</b>					
<b>Process Measures</b>					
1. ACE Inhibitor Rate	Number of CHF patients on ACE Inhibitors	All CHF patients in the pilot	> 10% increase from baseline or 85%, whichever is lower	Pharmacy claims	
2. ER Visit Rate/1000	Number of ER visits for CHF patients	All CHF patients in the pilot	> 10% decrease from baseline	Claims	
3. Inpatient Admission Rate/1000	Number of admissions for CHF Patients	All CHF patients in the pilot	> 10% decrease from baseline	Claims	
<b>Quality/Outcome Measures</b>					
1. LDL Level after acute cardiovascular event	Number of CHF patients with a 10% reduction in LDL values or LDL < 100mg/dl after an acute event	All CHF patients in the pilot with an acute cardiovascular event	>25% of patients with an LDL > 100mg/dl at baseline with a 10% reduction in LDL levels or are below 100 mg/dl when measured 1 month after the acute event	Lab Results/EMR	Measurement will be required at least 1 month after acute event

Measure	Numerator	Denominator	What is considered improvement?	Data Source	Comments
<b>C. Hypertension</b>					
<b>Process Measures</b>					
1. Percent of Members on Appropriate Medication	Number of members with at least one drug in the attachment	All hypertensive patients in the pilot	> 10% increase from baseline	Pharmacy Claims	The appropriate medication list is in the attachment
<b>Quality/Outcome Measures</b>					
1. Systolic Blood Pressure Management	Number of pilot participants with average systolic blood pressure < 130 mm Hg. Average will be based on the last three readings or last three months, whichever is shorter.	All hypertensive patients in the pilot with systolic blood pressure > 130 at baseline	> 25% of patients with a systolic blood pressure > 130 mm Hg at baseline will have an average measure of < 130 mm Hg when averaged over the last three readings or months, whichever is shorter.	EMR	Measurement will be required at beginning and end of program as well as quarterly during the pilot

Measure	Numerator	Denominator	What is considered improvement?	Data Source	Comments
<b>D. Other Measures</b>					
1. Overall Patient Satisfaction	Number of patients satisfied with program	Total number of survey respondents	> 80% satisfaction rate	Survey	
2. Overall Physician Satisfaction	Number of physicians satisfied with program	Total number of survey respondents	> 75% satisfaction rate	Survey	
3. Functional Status / Physical	Number of members who have a 10 point improvement in physical functioning	Number of members who scored below 45 in physical functioning	25% of members who scored below 45 on an initial survey will show a 10 point improvement when resurveyed	SF-12 Instrument	This measure will be limited to those members who return two surveys.
4. Functional Status / Mental	Number of members who have a 10 point improvement in mental functioning	Number of members who scored below 45 in mental functioning	25% of members who scored below 45 on an initial survey will show a 10 point improvement when resurveyed	SF-12 Instrument	This measure will be limited to those members who return two surveys.
5. Cost Savings	Actual Cost	Predicted Cost	> 10% reduction in total medical costs	Claims and DxCG Predictive Model	To measure improvements in cost, BlueCross BlueShield of Tennessee can use its predictive modeling capability to determine what the patients were expected to cost in the next year, and compare it to what the actual costs turned out to be.

## Anti-Hypertensive Therapeutic Category

ACE INHIBITORS  
ACE INHIBITORS & CALCIUM BLOCK  
ACE INHIBITORS & THIAZIDES  
ADRENOLYT-CNTRL & THIAZ COMBO  
ADRENOLYT-PERIPHERAL & THIAZ  
AGENTS FOR PHEOCHROMOCYTOMA  
ALPHA-BETA BLOCKERS  
ANGIOT II RECEP ANTAGN & THIAZ  
ANGIOTENSIN II RECEPTOR ANTAGO  
ANTIADRENERGICS CENTRALLY ACTI  
ANTIADRENERGICS PERIPHERALYACT  
ANTIHYPERTENSIVE - MAOIS  
ANTIHYPERTENSIVES-MAOI & THIAZ  
ANTIHYPERTENSIVES-MISC & THIAZ  
BETA BLOCKER & DIURETIC COMBO  
BETA BLOCKERS CARDIO-SELECTIVE  
BETA BLOCKERS NON-SELECTIVE  
CALCIUM BLOCKERS  
CARBONIC ANHYDRASE INHIBITORS  
COMBINATION DIURETICS  
DIURETICS & POTASSIUM  
DOPAMINE D1 RECEPTOR AGONISTS  
FLUOROQUINOLONE VASODILATORS  
LOOP DIURETICS  
MERCURIAL DIURETICS  
MISC. ANTIHYPERTENSIVES  
MISCELLANEOUS DIURETICS  
NON PRESCRIPTION DIURETICS  
OSMOTIC DIURETICS  
POTASSIUM SPARING DIURETICS  
RESERPINE  
RESERPINE COMBINATIONS  
SELECT ALDOSTERON RECEP ANTAGO  
THIAZIDES & THIAZIDE-LIKE DIUR  
VASODILATORS  
VASODILATORS & THIAZIDES



**Purpose of Pilot** is to provide reimbursement for alternative services for treatment of patients in specific disease categories.

### **Pilot Program Participants:**

- Select physician groups.
- BlueCross BlueShield of Tennessee fully insured members (Approximately 3,300 members).
- Established patients recommended by the physician *and* identified with having a primary diagnosis of diabetes, congestive heart failure, and/or hypertension.

### **Participation Requirements:**

- Physician will establish patient eligibility for the pilot by checking the BlueCross BlueShield of Tennessee ID card.
- The participating physician will complete and fax the enrollment fax form.
- The patient may participate in the program by calling his/her physician, attend a group session scheduled by the physician or complete an online visit to discuss issues related to his/her health condition.
- In order to access online visits, patients must register by accessing RelayHealth at <http://www.relayhealth.com/>
- Once patient is enrolled, advise them that access to the online capability will not be available until approximately 10 days after enrollment.

### **Benefits of the pilot:**

The online, telephonic, and group session services will free up valuable time by offering patients a convenient way to directly communicate with the physician's office at any time, from any place.

Listed below are a few of the benefits:

- Discuss non-urgent issues
- Receive/Renew prescriptions
- Schedule appointments
- Discuss lab results
- Access self-care information

### **Cost to participate in pilot:**

- During the Value Based Reimbursement Pilot Program there are no copays, deductibles, or coinsurance for the online, telephonic, and group session services provided under this pilot, if they apply to your patient's health care benefit plan.



**Value Based Reimbursement Pilot Enrollment Form**

**BlueCross BlueShield of Tennessee Care Coordinator**

**Fax Phone Number 423-752-6475**

**Telephone Number 1-800-924-7141**

*(Callers will need to select Commercial Prior Authorizations)*

**Date:** \_\_\_\_\_

**Managing Provider Name:** \_\_\_\_\_

**Provider Number:** \_\_\_\_\_ **Tax ID:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Patient Date of Birth:** \_\_\_\_\_

**Patient e-mail address:** \_\_\_\_\_

**Patient ID:** \_\_\_\_\_ **Patient phone:** \_\_\_\_\_

**Anticipated Date of Service:** \_\_\_\_\_ **Date of Last Office Visit:** \_\_\_\_\_

**Appropriate Diagnosis and ICD-9 code:** \_\_\_\_\_

**Prescribed Medications and Dosage for Treatment of Diabetes, Hypertension and/or Congestive Heart Failure:**

\_\_\_\_\_  
\_\_\_\_\_

**Date of last flu Vaccine:** \_\_\_\_\_

Please check the appropriate condition(s) for this patient.

**Diabetes**       **Congestive Heart Failure**       **Hypertension**

**Provide applicable values**

Last Blood Pressure \_\_\_\_\_ Date: \_\_\_\_\_

Last LDL Level \_\_\_\_\_ Date: \_\_\_\_\_

Last HbA1c Level \_\_\_\_\_ Date: \_\_\_\_\_

Note: Final reimbursement determinations are based on member eligibility at the time of service, medical necessity, applicable member co-payments, coinsurance, and deductibles, benefit plan exclusions/limitations, authorization/referral requirements and BlueCross BlueShield of Tennessee Medical Policy.

This facsimile contains privileged and confidential information intended for use of the specific individual or entity named above. If you or your employer are not the intended recipient of this facsimile (or an agent responsible for delivering it to the intended recipient), you are hereby notified that any unauthorized distribution or copying of this facsimile, or the information contained in it, is strictly prohibited. If you have received this facsimile in error, please immediately notify the person named above by telephone and return the original facsimile to the above address via the U.S. Postal Service.