SUMMER 2022

ACQA ADVISOR

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ACQA Advisor is a quarterly newsletter dedicated to sharing news, updates and best practices with our ACQA partners

Excellus

Clinical CORNER

As you may know, on May 18, 2021, the United States Preventive Services Taskforce (USPSTF) updated its recommendation for colorectal cancer screening. While the taskforce continues to recommend screening for colorectal cancer in all adults ages 50-75, it extended the recommendation to include adults ages 45-49. The recommendation also indicates that a follow-up colonoscopy is needed for further evaluation (for the screening benefits to be achieved) when non-invasive stool-based tests or direct visualization tests (e.g., flexible sigmoidoscopy or CT colonography) reveal abnormal or positive results.

On January 10, 2022, the Departments of Labor, Health and Human Services, and Treasury issued guidance related to the May 2021 USPSTF recommendation. The departments reiterated that "the follow-up colonoscopy is an integral part of the preventive screening, without which the screening would not be complete." Thus, a plan must cover and may not impose cost sharing with respect to a colonoscopy conducted after an abnormal or positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer for individuals described in the USPSTF recommendation.

Subsequently, on March 31, 2022, NYS Department of Financial Services issued Circular Letter No. 4 (2022) to advise insurers of the USPSTF requirements regarding coverage for preventive care and screenings for colorectal cancer under comprehensive health insurance policies.

Excellus BlueCross BlueShield has made changes to accommodate these recommendations and requirements.

The following message was mailed to our providers on May 20, 2022:

- Effective May 18, 2021, claims must be submitted with modifier 33 and the screening diagnosis code in the first position to ensure that the proper screening benefit is applied for follow-up colonoscopies.

  Coding Example:

  - 6/1/21 - non-invasive stool test - CPT 81528 ICD 10 CM - Z12.11
  - 7/1/21 - follow up colonoscopy - CPT 45378- 33 ICD 10 CM - Dx Z12.11

- Colonoscopy bills submitted on or after May 18, 2021, without inclusion of modifier 33 or Dx Z12.11 can be resubmitted with a corrected claim if the service should have been billed originally as a screening procedure under the updated guidance.

We are sharing this information again with our ACQA partners given the importance of cancer screening and the importance of minimizing barriers to access.

If you have questions, please reach out to your ACQA team or your Provider Relations representative.

Nicholas Massa, MD, CPC
Vice President
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> "The recommendation also indicates that a follow-up colonoscopy is needed for further evaluation (for the screening benefits to be achieved) when non-invasive stool-based tests or direct visualization tests (e.g., flexible sigmoidoscopy or CT colonography) reveal abnormal or positive results."

Help Prevent

Pharmacy Fraud, Waste *and* Abuse

Fraud, waste, and abuse is a topic that is not new to health care. Current estimates show that fraud, waste, and abuse activity related to pharmacy accounts for about 1% of spend, leading to about $3.5 billion in losses annually[1]. This number is likely underestimated because there are still fraud, waste, and abuse cases yet to be uncovered. Fraud is different from waste and abuse in that it is done with intent. Waste and abuse are typically unintentional.

FRAUD	An **intentional** act of deception or misrepresentation to gain something of value.
WASTE	Over-utilization of services, and the misuse of resources.
ABUSE	Excessive or improper use of services or actions that are inconsistent with accepted medical practice.

While the number of pharmacies and physicians that participate in fraudulent activity is small, it is important to be vigilant regarding potential schemes to help ensure patient safety. The following are some examples of potential ways in which fraud can occur:

- **Electronic prior authorization schemes** – Pharmacy submits inappropriate prior authorization requests on behalf of the ordering physician
- **Telehealth scams** – Pharmacies dispense medications to patients who have no relationship with ordering physician and in many cases, the medications are unnecessary
- **Add on Dispensing** – Pharmacy bills the insurer for additional drugs/ supplies that it knows are covered, without member knowledge or authorization

1 Data from the Academy of Managed Care Pharmacists, 2019-2021

Some ways to identify possible fraud, waste, and abuse include:

- If there are discrepancies when reconciling patient medications, be sure to ask follow-up questions to understand who prescribed the medication and for what reason
- Ensure prior authorizations are completed or reviewed by a provider in the office before submitting
- If a drug representative asks you to send a high-cost brand prescription to a specific pharmacy out of the area, it can sometimes be a sign of potential fraud.
- If you believe there is potential fraudulent, wasteful or abuse activity, please report it by visiting the link below. Reports can be submitted anonymously.
- You can also call our fraud hotline:

  1-800-378-8024

Fraud & Abuse Prevention

Other resources for information about Fraud, Waste, and Abuse, as well as reporting potential fraud, waste, and abuse, can be found at:

A Pharmacist's Guide to Prescription Fraud

Reporting Fraud | CMS

NYSED: Report Fraud Waste and Abuse

Applying Leadership Principles to Back Pain Management

Leadership takes many forms and occurs at many different levels, whether an executive leading a Fortune 500 company, a chief of staff leading hospital clinicians, a physician providing leadership for patients, or an individual introspectively leading themselves.

A common mistake made by many leaders, and people in general, is attempting to solve adaptive problems with a technical solution.[1,2] Adaptive problems lack established rules or procedures, solutions are often less tangible and incorporate beliefs, values and competing perspectives. Alternatively, technical problems are often identifiable with clear, specific solutions.

For example, a blocked coronary artery requires a cardiologist's skill to perform an angioplasty. This is a technical solution for a technical problem. An adaptive solution would require an individual to make necessary lifestyle changes to prevent the artery from plugging up again. Adaptive solutions often necessitate a change in values and beliefs, and are often challenged by variable, and sometimes competing, perspectives.

A significant driver of unnecessary spine care expense (hundreds of millions of dollars in upstate New York, hundreds of billions of dollars in the U.S.) are systems designed to look at back pain solely as a technical problem. In most people, the optimal approach to treating low back pain (LBP) involves adaptive solutions, as back pain is not a disease to be cured, but a part of life that needs to be managed through short- and long-term adaptive changes, such as exercise, diet, smoking, etc. Occasionally, technically focused interventions are primary, such as lumbar discectomy for herniated disc with radiculopathy.[3]

continued

Back Pain Management (cont.)

However, for most LBP patients, there is no single technical solution – medication, procedure, or intervention – that will solve the LBP dilemma. Patients with LBP are often ambivalent or unsure about the changes necessary for sustained benefits and look to the "expert" provider to solve the problem with a technical solution. The adaptive challenges faced by the patient, as well as the provider, can be addressed collaboratively. This involves shared decision making in the context of a biopsychosocial model, which addresses not only the bio (technical/anatomical problem) but also the thoughts, beliefs, emotions, socio-economic and environmental contributors (adaptive problems) for successful LBP management.

Adaptive solutions involve shared decision making, establishing meaningful goals, and communicating in an effective and efficient manner[4] that supports the interests and values of both patient and provider… and always in the context of relationship-centered care[5]. Becoming comfortable with uncertainty and distress, rather than looking for an immediate cure, or a way to technically "fix the problem", should start with the health care provider through self-awareness and exploration of their own perceptions about the patient encounter.

A provider comfortable with uncertainty can then help the patient fully engage, while occasionally stepping back (figuratively) to be an objective observer, alternating between "the dance floor and the balcony."[1,2] The practice of mindfulness[6], being fully present in the moment, allows this simultaneous engagement and observation necessary to be an adaptive leader of yourself, your patient, your team, or your organization.

Identifying and effectively communicating technical and adaptive problems and solutions, presented in a biopsychosocial context, are core to the Health Plan's nationally recognized, self-directed, and fully online spine pathway training and supporting toolbox, which includes education, shared decision making, exercise/self-care recommendations, etc.

For more information, please contact

brian.justice@excellus.com

1 Heifetz RA. Leadership Without Easy Answers. The Belknap Press of Harvard University Press. 1994.

2 Heifetz RA, Laurie DL. The work of leadership. Harv Bus Rev. 1997 Jan-Feb;75(1):124-34. PubMed PMID: 10174450. Epub 1996/12/08

3 Kreiner DS, Hwang SW, Easa JE, Resnick DK, Baisden JL, Bess S, et al. An evidence-based clinical guideline for the diagnosis and treatment of lumbar disc herniation with radiculopathy. Spine J. 2014 Jan;14(1):180-91. PubMed PMID: 24239490

4 Bae JM. Shared decision making: Relevant concepts and facilitating strategies. Epidemiology and Health 2017; 39: e2017048.

5 Suchman AL. A new theoretical foundation for relationship-centered care. Complex responsive processes of relating. Journal of general internal medicine. 2006 Jan;21 Suppl 1: S40-4. PubMed PMID: 16405709. Pubmed Central PMCID: 1484839.

6 Elvery N, Jensen MP, Ehde DM, Day MA. Pain Catastrophizing, Mindfulness, and Pain Acceptance: What's the Difference? The Clinical journal of pain. 2017 Jun;33(6):485-95. PubMed PMID: 27584818

Health Topics

That Patients Don't Discuss with You

We reviewed the Health Outcome Survey with providers recently, exploring its relevancy to the patient care plan discussion. Your colleagues recommended patient education as the best approach. As a result, five topics outlined below will be covered throughout the year in the Medicare member quarterly newsletter.

The survey focuses on Medicare members' perception of their health status. Participants are selected at random each summer. There are three measures that require a discussion between the patient and his/her provider. These measures are improving bladder control, reducing the risk of falling, and monitoring physical activity.

The following are some highlights from member articles that may be helpful in your discussion with patients:

1. Mental Health

Do you have feelings of depression, anxiety, or are you having other trouble with thinking and emotions? Tell your provider everything you can, including symptoms that you think might not be related to mental health.

2. Incontinence

If you are unable to get to the bathroom in time or are using incontinence products, the problem won't go away on its own. If left untreated, it may get worse. Your provider can figure out what's causing your symptoms, discuss treatment options, and refer to specialists, if needed.

3. Falls

Falls can lead to serious injury, disability, and even death. There are many reasons for falls, so it's important to have an open conversation with your doctor about it and talk about how to prevent falls from happening in the future.

4. Memory

Memory changes and dementia are common fears people have as they get older. However, there's a difference between memory changes that happen with aging and those who may have dementia. An early evaluation can help diagnose and treat these issues.

5. Physical Activity

Physical activity doesn't only mean "exercise" — anything that gets you moving can improve your health. Being active can give you more energy and strength to do daily activities, help you sleep, and improve your mood. Prior to beginning an exercise program, talk to your doctor about the kind of physical activity that's right for you.

If you have any questions related to the survey, please reach out to your Provider Relations representative.

Understanding Risk Adjustment *and* Documentation Specificity

Risk Adjustment assists in the financial forecasting of a patient's future medical needs. It is a methodology used by The Centers for Medicare & Medicaid Services (CMS) that equates the health status of a patient to a number called a Risk Adjustment Factor Score (RAF).

Diagnosis data comes from claim information submitted by providers to the Health Plan, which then submits to CMS. Health Plans are audited by CMS to ensure payment accurately reflects the health status of the patient.

CMS uses the Hierarchical Condition Category Model (HCC) to assign a RAF score for each member enrolled in a Medicare Advantage plan

- HCCs are a list of diagnoses that are assigned a value for risk adjustment

Always document and code to the highest level of specificity known at the time of the encounter/visit

- Include laterally, stage of disease, etc., when the ICD-10 code description allows
  - » Inaccurate or non-specific diagnoses can impact the patient care
- Medical record documentation should support all diagnoses submitted to the Health Plan are currently active and being treated or followed at the time of the encounter/visit

To document the health status of your patient, it is important to understand ICD-10 CM guidelines. Some guidelines include but are not limited to:

- Chronic conditions do not carry over from year to year, so it is important to capture these conditions annually
- Acute conditions are rarely coded in the outpatient setting
- Some conditions have specific guidelines. These conditions include but are not limited to:
  - » Cancer
  - » Diabetes
  - » Pulmonary embolism/DVT

Benefits of risk adjustment and documentation specificity:

- **Meets CMS requirements:** Accurate coding and documentation can help meet CMS provider obligations
- **Coordinates care and improves communication, practice patterns:** Allows you to coordinate your patients' care collaboratively and can improve practice patterns
- **Reduces requests for medical records:** Complete clinical documentation and code reporting can reduce the need for multiple medical record requests
- **Improves health care management:** Documenting and reporting all chronic conditions considered in the medical decision making for evaluation and management allows for better health management
- **Engages patients in self-care prevention:** Complete patient diagnosis coding can help your patients qualify for care and disease management programs offered by the Health Plan
- **Promotes preventive services:** Annual wellness visits or comprehensive physical exams are preventive services that can help capture your patients' current and active diagnoses
- **Avoids adverse drug and drug/disease interactions:** Being aware of your patients' coexisting conditions can help avoid prescribing drugs that can cause adverse drug or drug/disease interactions
- **Keeps insurance premiums affordable:** Reimbursement the Health Plan receives from CMS through risk adjustment helps keep our insurance premiums affordable

The Health Plan Provider Education Program includes a team of expert certified risk adjustment coders that can assist with documentation and coding tips specific to your office.

Please contact **Risk.Adjustment.Provider.Contact@excellus.com** to see how the program can help you.

PopHealthCare Now Emcara Health

The PopHealthCare CareSight program is becoming Emcara Health. Emcara Health will continue to be administered by PopHealthCare, which has more than 15 years of experience delivering at-home medical care to at-risk populations.

This program will continue to be offered at no cost to a select number of complex and seriously ill Excellus BlueCross BlueShield Medicare Advantage members.

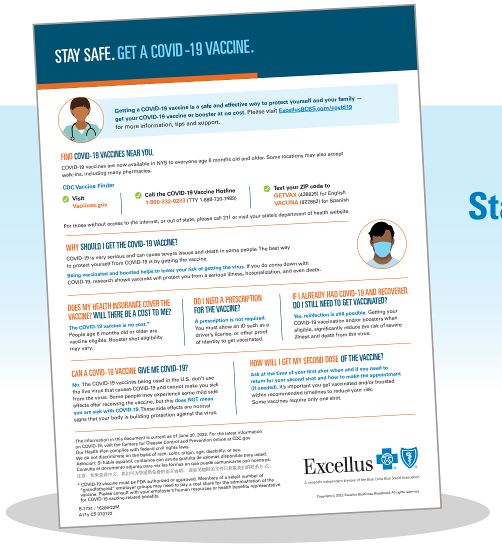
Our nurse practitioners spend an average of 11 hours annually with each patient reinforcing your treatment plan. This program has been proven to close gaps in care and reduce urgent care trips, emergency room visits, and hospitalizations.

Additionally, we're available 24 hours a day, seven days a week, including weekends and holidays, so your patients will always have convenient access to care. If we have a visit with your patient, you will receive a summary under the Emcara brand name.

If you have questions or would like to refer a patient to the program, please call 1-800-728-4699.

COVID-19 Vaccine Information

For Your Patients



STAY SAFE. GET A COVID-19 VACCINE.

Getting a COVID-19 vaccine is a safe and effective way to protect yourself and your family — get your COVID-19 vaccine or booster at no cost. Please visit ExcellusBCBS.com/covid19 for more information, tips and support.

FIND COVID-19 VACCINES NEAR YOU.

COVID-19 vaccines are now available in NYS to everyone age 6 months old and older. Some locations may also accept walk-ins, including many pharmacies.

CDC Vaccine Finder

- Visit Vaccines.gov
- Call the COVID-19 Vaccine Hotline 1-800-232-0233 (TTY 1-888-720-7489)
- Text your ZIP code to GETVAX (438829) for English VACUNA (822862) for Spanish

For those without access to the internet, or out of state, please call 211 or visit your state's department of health website.

WHY SHOULD I GET THE COVID-19 VACCINE?

COVID-19 is very serious and can cause severe issues and death in some people. The best way to protect yourself from COVID-19 is by getting the vaccine.

Being vaccinated and boosted helps to lower your risk of getting the virus. If you do come down with COVID-19, research shows vaccines will protect you from a serious illness, hospitalization, and even death.

DOES MY HEALTH INSURANCE COVER THE VACCINE? WILL THERE BE A COST TO ME?

The COVID-19 vaccine is no cost.* People age 6 months old or older are vaccine eligible. Booster shot eligibility may vary.

DO I NEED A PRESCRIPTION FOR THE VACCINE?

A prescription is not required. You must show an ID such as a driver's license, or other proof of identity to get vaccinated.

IF I ALREADY HAD COVID-19 AND RECOVERED, DO I STILL NEED TO GET VACCINATED?

Yes, reinfection is still possible. Getting your COVID-19 vaccination and/or boosters when eligible, significantly reduce the risk of severe illness and death from the virus.

CAN A COVID-19 VACCINE GIVE ME COVID-19?

No. The COVID-19 vaccines being used in the U.S. don't use the live virus that causes COVID-19 and cannot make you sick from the virus. Some people may experience some mild side effects after receiving the vaccine, but this **does NOT mean you are sick with COVID-19.** These side effects are normal signs that your body is building protection against the virus.

HOW WILL I GET MY SECOND DOSE OF THE VACCINE?

Ask at the time of your first shot when and if you need to return for your second shot and how to make the appointment (if needed). It's important you get vaccinated and/or boosted within recommended timelines to reduce your risk. Some vaccines require only one shot.

The information in this document is current as of June 30, 2022. For the latest information on COVID-19, visit the Centers for Disease Control and Prevention online at CDC.gov
Our Health Plan complies with federal civil rights laws.
We do not discriminate on the basis of race, color, origin, age, disability, or sex.
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.
注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

* COVID-19 vaccine must be FDA authorized or approved. Members of a select number of "grandfathered" employer groups may need to pay a cost share for the administration of the vaccine. Please consult with your employer's human resources or health benefits representative for COVID-19 vaccine-related benefits.

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Please feel free to download and print our informational flyer, **Stay Safe, Get a COVID-19 Vaccine**, to share with your patients.

The flyer is available in English and Spanish.

Reminder: COVID-19 Vaccine Counseling Billing

The unlisted CPT code **99429** may be used to bill for COVID-19 vaccine counseling provided to unvaccinated individuals who do not receive a COVID-19 vaccine.

Medicaid Managed Care, including the Health and Recovery Plan and **Child Health Plus** have coverage in full effective for dates of service on or after December 1, 2021.

All other lines of business are subject to the applicable member benefit and cost-share responsibility.

Excellus