

FALL 2022

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

Excellus  

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# Clinical CORNER

## Opportunity to Improve Quality of Care and Reduce Total Cost of Care

You are likely working aggressively to finish 2022 efforts, but also looking ahead for additional opportunities to improve quality and generate overall costs savings in 2023. We are excited to share an opportunity that is now available.

Excellus BlueCross BlueShield is now offering a \$200 honorarium to any family medicine or internal medicine primary care practitioner (MD, DO, NP, PA) who completes our Spine Health Program 90-minute (1.5 CME) care pathway workshop. The honorarium will be sent directly to the provider.

I encourage you to take a close look at the article on the Spine Health Program 2.0 on page 3 of this issue of *ACQA Advisor*, which provides details about the program and shares many positive comments we have received from providers regarding the program's value.

### Program highlights:

- **Nationally recognized**
- **Developed and collaborated with leading universities, professional associations, and multiple peer reviewed journal articles**
- **Regional ACQA outcomes published in peer-reviewed journal (*Journal of General Internal Medicine*, 2019)**
- **Self-paced, online modules available 24/7**
- **Offers an honorarium for family medicine and internal medicine primary care**
- **Exceptionally high provider satisfaction scores given by primary care providers who have taken the training**

We will provide more information at your ACQA's monthly meeting in coming weeks. If you have any questions or would like to discuss sooner, please reach out to your ACQA team.



**Nicholas Massa, MD, CPC**

Vice President  
Medical Affairs,  
Clinical Services



Excellus BlueCross BlueShield is now offering a **\$200 honorarium** to any family medicine or internal medicine primary care practitioner (MD, DO, NP, PA) who completes our Spine Health Program.



# Spine Health Program 2.0



**with \$200 Primary Care Provider (MD, DO, NP, PA) Training Honorarium Available**

Excellus BlueCross BlueShield and Spine Care Partners, LLC, is pleased to announce their updated, nationally recognized, and widely adopted Spine Health Program.

Recent clinical research and direct interactions with leading universities, among others, has aided in the evolution of this pathway workshop, which is now available **fully online and on-demand**. The program focuses on early-contact practitioners and on **engaging patients in a biopsychosocial, evidence-based, community-wide spine care pathway**. Training includes the **diagnostic, treatment, and communication skills** required to manage most patients presenting with axial and/or radicular spinal syndromes.

As part of the Spine Health Program 2.0 rollout, **participating family practice and internal medicine providers (MD, DO, NP, PA)** are now eligible to receive a **\$200 honorarium** after completion of the 90-minute, 1.5 CME self-paced workshop.

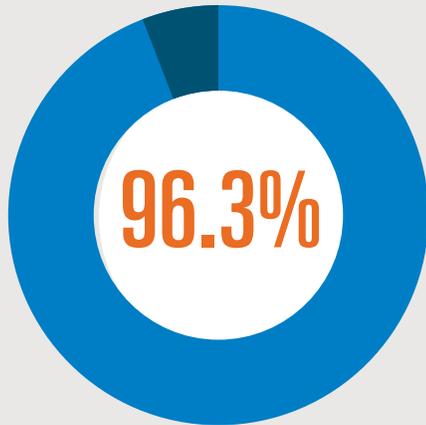
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# Spine Health Program 2.0 (cont.)

## Summary Provider Satisfaction Data from 110 PCP Responders

Feedback has been overwhelmingly positive with ~96% of primary care providers who have taken this workshop reporting it was a 'good use of my time' and was 'impactful'.



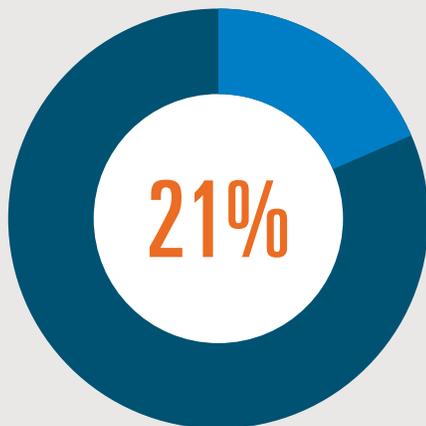
ABOVE AVERAGE, GOOD,  
OR EXCELLENT

“ Actually this was very interesting and the speaker was engaging. I haven’t heard this kind of talk about back pain since I was a resident in the 90s, but this was even more evidence-based. Pleasantly surprised. ”

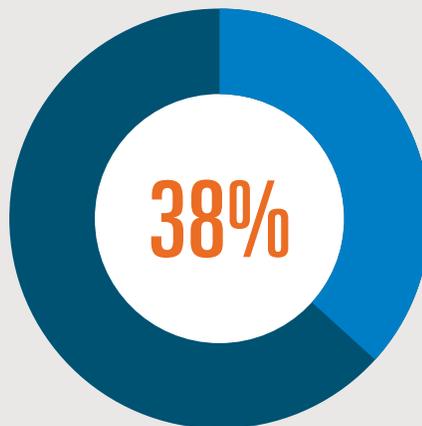
“ This was excellent. Very practical and provider-based. Not what I expected. I would totally do another CME like this. ”

## Provider Continuing Education Engagement Campaign Results

Optional ongoing support is available through our online learning collaborative available 24/7 called the Primary Spine Provider Network (PSPN). **PSPN content includes various clinical workshops, a rapidly expanding toolbox of patient and provider resources, research updates, clinical case reviews and interviews with spine thought leaders.** The material is geared to meet the varied levels of provider interest in spine care.



INDUSTRY AVERAGE  
EMAIL OPEN RATE



PSPN AVERAGE  
EMAIL OPEN RATE

“ This module was fantastic and smooth – it consists of a TON of information! ”

“ Clear message about importance of language used with patient to make them agents of their own health – which could be applied in other areas not just back pain. ”

*continued*

# Spine Health Program 2.0 (cont.)



The Spine Health Program workshops are not only well received by primary care providers, but the more extensive 12-hour pathway training has shown similar high satisfaction scores with physical therapists and chiropractors. ‘Gamification’ has led to provider engagement with the PSPN platform that is significantly above industry standards. Excellus BCBS will soon introduce trainings for urgent care, emergency departments and pharmacy, covering most early contact providers in spine care. The program has been shown to decrease episode cost (likely 10%-30%, depending on level of engagement<sup>1</sup>) and improve outcomes through pathway guided testing, triage, and self-care.<sup>2</sup> The goal: changing spine culture through an evidence informed, patient empowered pathway, which also meets the quadruple aim of improving population health, patient experience, and health care team well-being, while reducing costs.<sup>3</sup>

We know the largest contributing factor to increased health care utilization and expenditures is the management of spine disorders,<sup>4</sup> yet increased spend has not correlated with improved outcomes.<sup>5</sup> The most extensive spine literature review ever done was published in *The Lancet* in 2018. The article calls for widespread action, citing the persistence of disability associated with low back pain as the leading cause of worldwide disability, and cannot be separated from social or economic factors and personal or cultural beliefs about back pain.<sup>6,7</sup> Our Spine Health Program is an answer to the resultant call for comprehensive changes<sup>8,9,10</sup> in a health care system’s approach to back pain. The quality of the program has been substantiated by the support from the elite academic institutions noted above. It also has been recognized by the *European Spine Journal* as the only U.S. conservative spine pathway to meet the Journal’s rigorous criteria of quality and successful implementation.<sup>11</sup>

If you have further questions regarding the Spine Health Program 2.0, please contact: [brian.justice@excellus.com](mailto:brian.justice@excellus.com)

Register at:  
[network.primaryspineprovider.com/excellus-pcp-registration](https://network.primaryspineprovider.com/excellus-pcp-registration)  
or through the following QR code.



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# Frozen Formulary Law Impact on ACQAs

Earlier this year, Gov. Kathy Hochul signed legislation that will impact fully insured, commercial membership. The new law, referred to as Frozen Formulary, is effective **January 1, 2023**. Under this mandate, health plans cannot make negative drug formulary changes during a group's plan year.



## WHAT IS CONSIDERED A NEGATIVE CHANGE?

- Adding utilization management to a drug, such as prior authorization, step therapy or quantity limits, that is already on the formulary
- Removal of a drug from formulary
- Moving a drug to a higher tier

## WHAT TYPE OF MANAGEMENT IS ALLOWED?

- Only drugs new to the market may be added to the formulary with utilization management
- New drugs do not need to be added to a closed formulary and may be considered non-formulary if there are formulary alternatives that offer comparable efficacy

## WHICH LINES OF BUSINESS ARE INCLUDED IN THIS MANDATE?

- Commercial fully funded plans

## WHICH LINES OF BUSINESS ARE EXCLUDED FROM THIS MANDATE?

- Medicare, Medicaid Managed Care, Health and Recovery Plan, Child Health Plus and Commercial Self-Funded plans

For calendar year 2023, all fully funded groups will use the 2023 Frozen Formulary. For the subsequent years, the version of the frozen formulary will depend on the plan's renewal date. Most renewal dates fall on January or July 1; however, there are groups that renew throughout the calendar year. Excellus BlueCross BlueShield will continue to manage a separate formulary for self-funded groups that will be continuously analyzed and updated for the most cost-effective, clinically appropriate opportunities. As a result, there will be multiple commercial formularies during the calendar year.

COMMERCIAL GROUP	RENEWAL DATE	FORMULARY IN 2024
Fully Funded Group A	1/1/2024	2024 Frozen Formulary
Fully Funded Group B	7/1/2024	2023 Frozen Formulary through 6/30/2024; 2024 Frozen Formulary effective 7/1/2024
Fully Funded Group C	10/1/2024	2023 Frozen Formulary through 9/30/2024; 2024 Frozen formulary effective 10/1/2024

## WHAT DOES THIS MEAN FOR THE ACQA ARRANGEMENT?

With more limitations on what can be done from a utilization management perspective, our partnership is more important now to provide the most cost effective, quality health care. When clinically appropriate, Excellus BCBS will continue to add utilization management to new products to drive affordable, quality care. We will have multiple formularies; therefore, your ACQA team is currently exploring the best options to identify these formulary differentials in our current reporting. As always, we will continue to monitor trends and provide opportunities as they arise.

# Risk Adjustment Helps Improve Quality, Access, *and* Patient Care Outcomes

Documenting and reporting each health condition accurately not only affects Risk Adjustment (RA), but also helps improve patient care quality, access, and outcomes.

Excellus BlueCross BlueShield uses information about member health conditions to identify the need for health care services and/or care management. When patients' overall health conditions are identified, we can positively impact the quality and affordability of the health care provided.

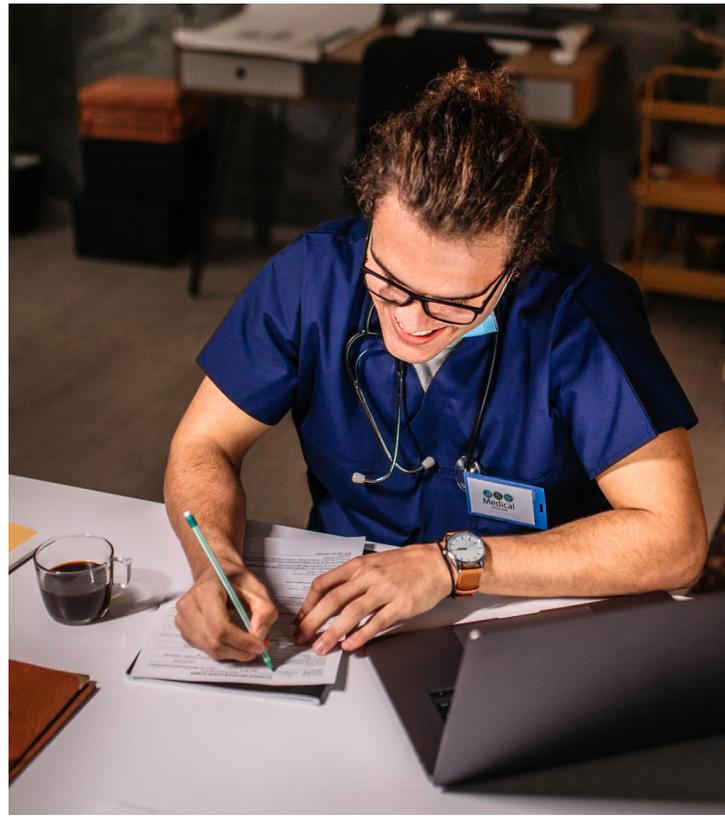
The Centers for Medicare and Medicaid Services (CMS) bases each member's overall health status on the conditions identified and supported in the member's medical record and submitted on claims. Each condition must be documented to the highest degree of specificity to be reported with the most accurate ICD-10-CM code. Specificity in documentation identifies severities, complexities, comorbidities, manifestations, and other factors impacting the condition.

Along with specificity, it is imperative to document the condition in the appropriate tense, avoiding terms such as "history of" or "past medical history" to describe current conditions. To prevent conflict, document details such as the condition's status and how it is being managed/treated. **All current health conditions, including those that coexist, need to be reported annually at a minimum; CMS does not carry over this documentation from year to year.**

If chronic conditions (e.g., diabetes, congestive heart failure, atrial fibrillation, amputation) are not reported annually, it indicates the condition has resolved and no longer exists. This can lead to an inaccurate depiction of the member's overall health status and a decrease in RA funds to provide care.

Per ICD-10-CM Official Coding Guidelines, all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management, should be coded. Each condition should have supportive documentation identifying the impact to patient care treatment and management, such as (but not limited to):

- Monitoring with ordering and reviewing of lab/test results
- Evaluation of pertinent exam findings
- Assessment of condition's status
- Treatment with medication management, education, etc.
- Referral to specialists or other follow-up care



## Important Reminders

Effective for inpatient discharges on and after April 1, 2022, CMS will not allow unspecified ICD-10-CM codes under the New Medicare Code Edit.

All diagnoses submitted on a claim should be supported by the **M**onitoring, **E**valuation, **A**ssessment and/or **T**reatment of the condition in the medical record documentation.

"Unspecified" codes should only be reported when a more specific diagnosis cannot be determined.