

# ALAHA

## Blue Cross and Blue Shield of Alabama

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Michael Lombardo



# **Hospital Tiered Network 2016**

# Hospital Tiered Network 2016 Update



 **Delayed to 04/01/2016**

 **Quarterly scoring**

 **Will remain for 2017**

# Hospital Tiered Network 2016 Update

## Executive Overview

Facilities will be rated according to the following:



### Cost 50% Weight

**Percent Allowed to Medicare**

**Higher Cost Efficiency**

- $\leq 130\%$  – 1 dollar sign

**Average Cost Efficiency**

- $> 130 - 140\%$  – 2 dollar signs

**Lower Cost Efficiency**

- $> 140\%$  – 3 dollar signs



### Quality 30% Weight

**CMS Measures Performance Ratio  
(70 points)**

- # of measures  $\geq$  the National average/# of measures submitted

**Case Mix Adjusted Readmission  
Index (30 points)**

- $\leq .90$  – 30 Points
- $> .90 - 1.00$  – 20 points
- $> 1.0 - 1.10$  – 10 Points
- $> 1.10$  – 0 Points

**Combined score of (out of 100)**

**Higher Quality**

- $\geq 70$  points – 3 stars

**Average Quality**

- 40 - 69 points – 2 stars

**Lower Quality**

- $< 40$  points – 1 star



### Patient Experience 20% Weight

**CMS HCAHPS Survey Total  
Percentage at or Above the  
National Average Results**

**Higher Patient Experience**

- $\geq 80\%$  – 3 stars

**Average Patient Experience**

- 60% - 79% – 2 stars

**Lower Patient Experience**

- $< 60\%$  – 1 star







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# **Payment Transformation**

# Payment Transformation

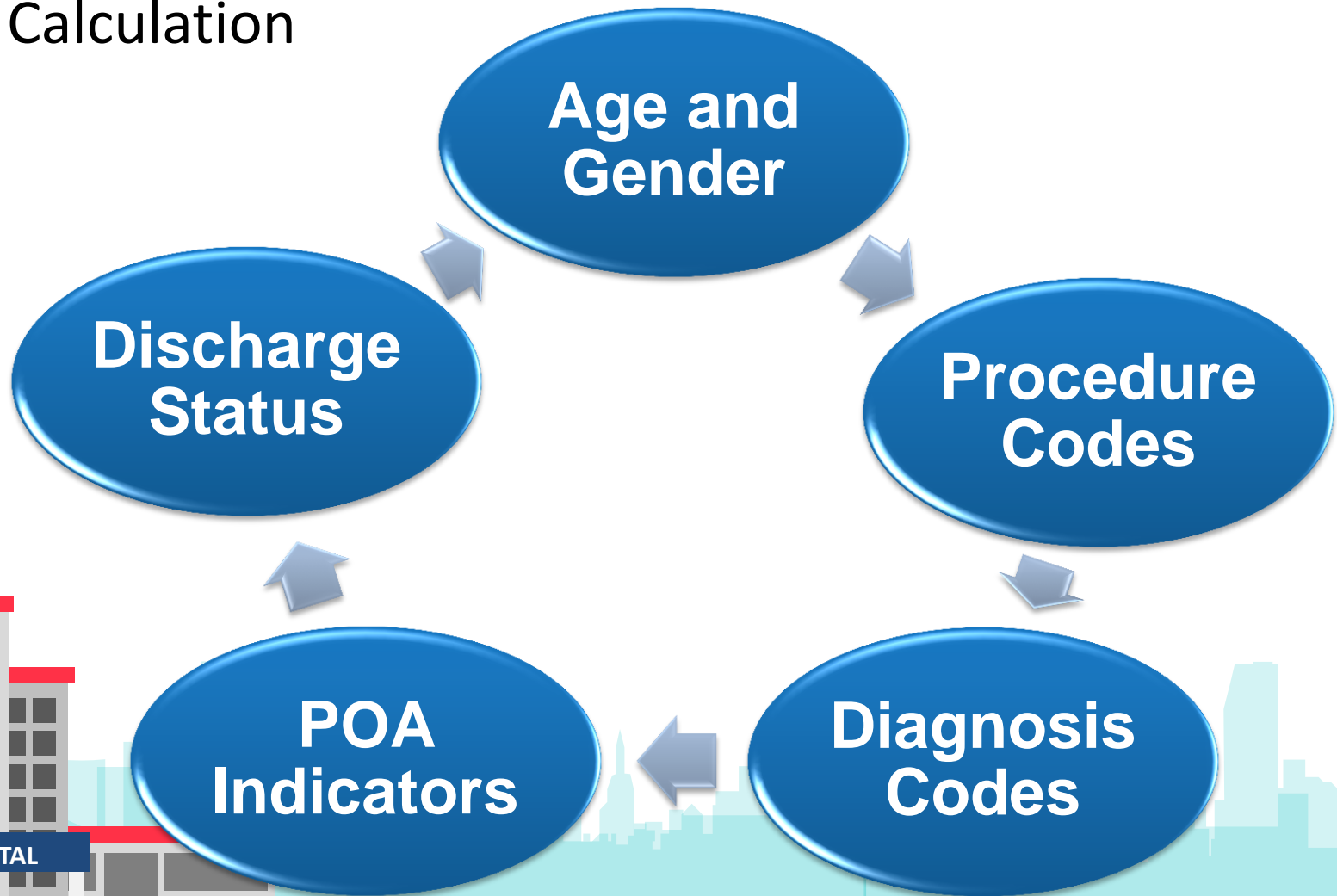
Multiple Per Diems

-  **Last group 04/01/2016**
-  **File as you would to Medicare**
-  **Span dates- Admit date**
-  **End of year**



# Payment Transformation

## DRG Calculation



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# Payment Transformation

 **Itemized statement**






 **Medical record**





# Payment Transformation

Multiple Per Diems

-  **112 and 117 TOB**
-  **10 Corrected claims 07/01/2016**
-  **113 and 144 will be rejected**
-  **Voided claims — frequency 8**
-  **Voluntary refunds**



**JIVA**

# JIVA Facts

**23 hospitals in 2015**

**30 remaining facilities**

**April 13-last training day**

**Communication is key**



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# JIVA Tips

Timing

Face Sheet

PCR Reviews

Maternity

ER to admits



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# JIVA Provider Access

## ProviderAccess

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, under another grouping, please return to this page to select your next function.

### ► Provider Functions

Functions that require the need to identify a specific provider number or NPI must be accessed through **Provider Functions**. This section is referred to as the Location Based application and allows a provider to request eligibility and benefits information, retrieve audit reports and error descriptions, and enter claims via eClaims. You can also view guidelines, policies, fragmented coding edits, and use the NPI search to find NPIs for the PCN network.

### ► Payee Functions

Functions that are related to a group or provider's payment information must be accessed through **Payee Functions**. This section is referred to as the Payee Based application and allows a user to view payment history, refund billing invoices along with remittance, refund balance activity, and claim refilling information reports.

### ► User Administration

Please select the e-Practice Management application you would like to perform from the list below. To perform additional transactions, please return to this page to select your next function.

- Patient Information

- Eligibility and Benefits
- Hospital Clinical Review
- Utilization Review - Hospital
- Rx History




- Claim Information

- Claim Entry (eClaims)
- Audit Reports (eClaims Only)
- ICD-10-CM Diagnosis Code Mapping Tool
- Medical Records Requests



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# JIVA

 **Provider**

[New Request](#) [Search Request](#) [Hospital Clinical Summary](#)

Tip: Search by Member ID instead of Name to make it easier to search a Request.

Search Request

Member Last Name :

Member DOB :

Request Added From :

Episode Type :

Episode # :

Submitted By :

Attending Physician Last Name :

Member First Name :

Member ID :

Request Added To :

Request Status :

Cert Number :

Modified User :

Attending Physician First Name :

Show :

Search

Reset

Tip: Search by Member ID instead of Name to make it easier to search a Request.

Search Request

Member Last Name :

Member DOB :

Request Added From :

Episode Type :

Episode # :

Submitted By :

Attending Physician Last Name :

Member First Name :

Member ID :

Request Added To :

Request Status :

Cert Number :

Modified User :

Attending Physician First Name :

Show :

Search

Reset

Request Search Results

Episode ID	Member Name	Episode Type	Admit Date	Cert Number	Diagnosis	Attending Physician	Submitted By	Modified By	Modified Date	Discharge Date
701850		IP	01/08/2016	16115826	K56.6 (Other and unspecified intestinal obstruction)				01/21/2016 16:41	01/19/2016
704581		IP		16118534	K56.69 (Other intestinal obstruction)				01/11/2016 15:31	
614445		IP	12/01/2015	151201466	Z43.2 (Encounter for attention to ileostomy)				12/09/2015 09:40	12/05/2015
607875		IP	11/25/2015	151155611	K31.5 (Obstruction of duodenum)				11/27/2015 11:38	11/27/2015
582782		IP	11/12/2015	151130829	T81.4xxA (Infection following a procedure, initial encounter)				11/19/2015 14:14	11/18/2015
557344		IP	11/03/2015	151105736	D12.6 (Benign neoplasm of colon, unspecified)				11/12/2015 09:10	11/10/2015

Displaying Records 1 - 6 of 6

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# JIVA

# Stay=Pay

IP Details																
Status : Closed [ on 01/22/2016 ]																
Activity : (IP)																
Stay Summary																
Stay ID	Service Type	LOS Requested #	LOS Assigned #	LOS Denied #	Pending #	Auth Start Date	Auth End Date	Decision	Decision Date	Discharge Date	Discharge Disposition					
697955	Medical Care	1	1	-	-	01/08/2016	01/08/2016	Approved	01/09/2016	01/19/2016	Discharged to outpatient follow-up					
697955	Medical Care	1	1	-	-	01/09/2016	01/09/2016	Approved	01/15/2016	01/19/2016	Discharged to outpatient follow-up					
697955	Medical Care	1	1	-	-	01/10/2016	01/10/2016	Approved	01/15/2016	01/19/2016	Discharged to outpatient follow-up					
697955	Medical Care	1	1	-	-	01/11/2016	01/11/2016	Approved	01/15/2016	01/19/2016	Discharged to outpatient follow-up					
697955	Medical Care	1	1	-	-	01/12/2016	01/12/2016	Approved	01/15/2016	01/19/2016	Discharged to outpatient follow-up					
697955	Medical Care	1	1	-	-	01/13/2016	01/13/2016	Approved	01/15/2016	01/19/2016	Discharged to outpatient follow-up					
697955	Medical Care	1	1	-	-	01/14/2016	01/14/2016	Approved	01/15/2016	01/19/2016	Discharged to outpatient follow-up					
697955	Medical Care	1	1	-	-	01/15/2016	01/15/2016	Approved	01/21/2016	01/19/2016	Discharged to outpatient follow-up					
697955	Medical Care	3	3	-	-	01/16/2016	01/18/2016	Approved	01/21/2016	01/19/2016	Discharged to outpatient follow-up					
Service Summary																
Service ID	Service Code	Description	Diagnosis	Service Type	Requested #	Assigned #	Denied #	Pending #	Auth Start Date	Auth End Date	Frequency	Decision	Decision Date	Reason for Decision	Discharge Date	Discharge Disposition
730361	44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	K56.6	Surgical	4	4	-	-	01/16/2016	01/19/2016	Per Day	Approved	01/21/2016	Automatic Approval		

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# JIVA Correspondence

New Request Search Request Hospital Clinical Summary

Edit Request

UM Services

Add Providers

Add Diagnosis

Correspondence

Add Notes

Add Documents

CM Referral

MM Referral

-484954-IP-Closed

Demographics

Member Name :

Gender : Female

Preferred Phone # :

Product Type : 200(Direct Pay)

Group : BLUE CROSS SELECT SILVER, A MULTI-STATE PLAN-SELECT SILVER - AV 94%-

Member ID :

Age : 34

Contract Start Date : 01/01/2016

Contract End Date : 01/01/2016

Employer : BLUE CROSS SELECT SILVER, A MULTI-STATE PLAN-

DOB :

Address :

Contract End Date :

Client : INDIVIDUAL EXCHANGE

Correspondence

Notification Name	Created Date	Created User
CURP Non Cert Retro_IP	10/08/2015	ProdUser, Sentinel

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# JIVA Correspondence Letter

October 08, 2015

Name of Patient:  
Date of Birth:  
Contract Number:  
Tracking Number:  
Initial Date of Service:

Dear

We have received your request for a retrospective authorization of Medical Care services to St. Vincent's Birmingham. Your request was received on 10/01/2015.

As stated in your plan documents, your benefits provide coverage only for covered services that are medically necessary for the diagnosis or treatment of a specific illness, injury or condition.

Based on the review of all available documentation and information, the physician clinical reviewer has determined that dates of service, 07/04/2015, through 07/04/2015, are non-certified for benefit coverage.

Clinical information provided by your healthcare team shows:

- Vital signs (heart rate, blood pressure, breathing rate and temperature) within acceptable limits.
- Ability to tolerate a diet by mouth.
- Pain controlled and can be managed with pain medication taken by mouth.
- Medication can be given outside the hospital setting.
- Wound care can be completed on an outpatient basis.
- McKesson InterQual® Acute Adult General Surgical Criteria was not met.

Therefore, at this time, the records provided do not support the need for an acute inpatient level of care.

This information has been provided to MD and

450 Riverchase Parkway East PO Box 995 Birmingham, AL 35298-0001

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# Cotiviti

# Cotiviti

Finding letter

Close out letter

Monthly cycles

Appeals

Status



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# Cotiviti Sample Letter



LetterReqDt

Provname  
Addr01  
Addr02  
Addr03  
City, STATE Zip

**Re: DRG Audit Determination - No Change**

Dear Provname:

Please accept this letter as confirmation that the DRG Medical Chart Review audit for the below inpatient claim has been completed. Based upon the records reviewed, we agree with the codes that were submitted. No further action is required.

Claim/Ref #	Patient CTL #	Medical Record #	Begin DOS	End DOS	Patient DOB	Patient Name
ICN	PatCtlNum	MedicalRecordNum	ClmFromDt	ClmThruDt	HUser01	MemLastName, MemFirstName

Thank you for your cooperation. If you have any questions, please do not hesitate to contact us at:203-202-6038 Monday through Friday between 8 a.m. and 5 p.m. Eastern time.

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# Cotiviti

## Ways to submit information

- **Healthport**
- **CD**
- **Fax Request**
  - 203-202-6538
- **Blue Cross and Blue Shield of Alabama**
  - Medical Review Unit  
555 E. North Lane  
Suite 6120  
Conshohocken, PA 19428
- **Status Updates**
  - 203-202-6038  
Monday-Friday  
7 a.m.- 4 p.m.



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# **Exchange Plans: Multi-State Plans**

# New Individual Plans

**This year, two new individual plans will be available on and off the health insurance exchange**

- **Blue Cross Select Gold, a Multi-State Plan**
- **Blue Cross Select Silver, a Multi-State Plan**



# New Individual Plans



These plans will require that each member designate a **Primary Care Select** physician, who will be responsible for coordination of care via referrals to specialists.

The primary care designation and referral process **will be required in order for services to be paid.**



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# New Individual Plans

## Primary Care Select Physicians

**Physicians currently participating in our Primary Care Select Program are recognized as “Primary Care Select” doctors within “Doctor Finder” on our Blue Cross website.**



# Referral Process

Referrals must be made through *ProviderAccess* on our website.

Primary Care Select physicians will be able to designate covering physicians to care for their patients in their absence. The Primary Care Select provider can update this information via *ProviderAccess*.

A physician under the same provider tax ID with a primary care specialty will automatically be considered by Blue Cross as one of the covering physicians.

Physician assistants and nurse practitioners are not automatically considered as “covering” and should be manually added to the covering list.

# Referral Process

1. Visit [AlabamaBlue.com/providers](http://AlabamaBlue.com/providers).
2. Log in through *ProviderAccess*.
3. Under “Primary Care Select Physician,” select “Provider Functions.”

- **Primary Care Select Physician (PCSP)**
  - ▶ Review Referral
  - ▶ Submit Referral
  - ▶ Covering Physicians
  - ▶ Primary Care Select Physician Activity Report



BlueCross BlueShield of Alabama

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Home > Providers > ProviderAccess > Submit Referral

You are signed in as.

Search

Sign Out

ProviderAccess Menu

Review Referrals

**Key Referral**

All fields are required.

Contract Number:\*

Referred-To NPI\*:

Referral Begin Date:\*  (MMDDYYYY)

Referral End Date:\*  (MMDDYYYY)

Continue Reset

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Home > Providers > Covering Physicians

Covering Physician

DOE, JOHN  
NPI: 1234567890

Referral # Pat

About

# Select Plans Eligibility & Benefits

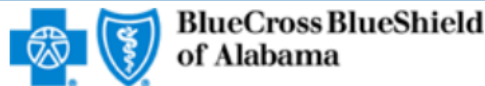
Due to the variety of products available on and off the exchange, individual or group coverage and varying levels of complexity, a provider should always check Eligibility & Benefits for each Blue Cross and Blue Shield of Alabama member.

- Patient Information
  - ▶ Eligibility and Benefits
  - ▶ Patient Health Snapshot
  - ▶ Rx History

A stylized illustration of a city skyline. On the left, a grey building with a red roof is labeled 'HOSPITAL'. To its right are several other buildings of varying heights and colors (light blue, grey, red). The entire scene is set against a white background with a blue base representing the ground or water.

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# Blue Cross Select Plans



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Search

Sign Out

Home > Providers > ProviderAccess > Eligibility and Benefits

You are signed in as:

## Professional Benefits

Contact Us



Printer-Friendly Version

- ProviderAccess Menu
- View New Patient
- Medical Necessity

SHOW RESULTS  
RELATED TO:

- ☐ In-Network
- ☐ Out-of-Network
- ☒ All

CHANGE  
SELECTIONS TO  
UPDATE  
RESULTS



Patient: JOHN SMITH [Address](#)

DOB: 01/01/1950

Gender: F Relationship To Insured: Self

Insured: JOHN SMITH [Address](#)

Contract: BEG123456789 Group/Div: 12345-123

Plan Date: 03/01/2016 - 12/31/9999

Service Type

Health Benefit Plan Coverage

Date of Service\*

03/01/2016

Update Result

Alerts/Messages

Covered

Additional Coverage

Non-Covered

Limitations

Payer

Other

Summary Plan Description

Coverage  
Basis

SELECT LAB  
NETWORK

Primary  
Care  
Provider

Other  
PRIMARY  
CARE  
SELECT  
PHYSICIAN



- Contracted Service Provider: QUEST DIAGNOSTICS
- Information Contact: QUEST DIAGNOSTICS
- Website: [HTTP://WWW.BCBSAL.ORG/PROVIDERS/SELECT/LAB.CFM](http://www.bcbsal.org/providers/select/lab.cfm)
- Phone: 8666978378

- SELECT PHYSICIAN NOT DESIGNATED
- PHYSICIAN SERVICES (EXCLUDING EMERGENCY/ACCIDENT SERVICES ARE NOT COVERED, IF NO SELECT PHYSICIAN IS DESIGNATED)

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

# Physician Visit

## Professional (Physician) Visit - Office

Active Coverage	In-Network				 <ul style="list-style-type: none"> <li>• REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED SELECT PHYSICIAN OR OBGYN</li> <li>• PHYSICIAN SERVICES ARE NOT COVERED IF NO SELECT PHYSICIAN IS DESIGNATED</li> </ul>
Deductible	In-Network	Individual	\$0.00	Per Calendar Year	 <ul style="list-style-type: none"> <li>• REPLACEMENT DEDUCTIBLE</li> <li>• REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED SELECT PHYSICIAN OR OBGYN</li> </ul>
		Family	\$0.00	Per Calendar Year	<ul style="list-style-type: none"> <li>• REPLACEMENT DEDUCTIBLE</li> <li>• REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED SELECT PHYSICIAN OR OBGYN</li> </ul>
Co-Payment	In-Network	Individual	\$15.00	Per Visit	<ul style="list-style-type: none"> <li>• REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED SELECT PHYSICIAN OR OBGYN</li> </ul>
Co-Insurance	In-Network	Individual	0%	Per Visit	<ul style="list-style-type: none"> <li>• REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED SELECT PHYSICIAN OR OBGYN</li> </ul>
Coverage Basis					<ul style="list-style-type: none"> <li>• ADDITIONAL LIMITATIONS MAY APPLY</li> </ul>

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# Non-Covered Tab

Alerts/Messages	Covered	Additional Coverage	Non-Covered	Limitations	Payer	Other	Summary Plan Description
<a href="#">Collapse All</a>							
<b>Chiropractic</b>							
Non-Covered	Out-of-Network						• PHYSICIAN BENEFIT
<b>Emergency Services</b>							
Non-Covered	Out-of-Network						• PHYSICIAN BENEFIT
<b>Hospital</b>							
Non-Covered	Out-of-Network						• FACILITY BENEFIT
<b>Hospital - Inpatient</b>							
Non-Covered	Out-of-Network						• FACILITY BENEFIT
<b>Mental Health</b>							
Non-Covered	Out-of-Network						• FACILITY AND PHYSICIAN BENEFIT
<b>Physician Visit - Office: Well</b>							
Non-Covered	Out-of-Network						
<b>Professional (Physician) Visit - Office</b>							
Non-Covered	Out-of-Network						
<b>Professional (Physician) Visit - Office - Specialist</b>							
Non-Covered	Out-of-Network						• SPECIALIST


**EDI**



# New *ProviderAccess*



# New *ProviderAccess*

**BlueCross BlueShield  
of Alabama**

**ProviderAccess**

Feedback

 Log In


HomeResourcesPatient & ClaimPayment & Refund


Search


**ProviderAccess**

User ID

Password (Forgot password?)

 Log In

 Don't have a User ID? [Register now.](#)



Circle of Care

New Primary Care Select  
and OB/GYN Select Programs

LEARN MORE




**Provider News**

View the latest provider news and announcements or search previously published information.

**Provider Enrollment**

Enroll as a Blue Cross provider, update provider information, or begin the credentialing/recredentialing process.

**Medical Policies**

Review Blue Cross and Blue Advantage medical policies and guidelines or comment on draft medical policies.

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# New *ProviderAccess*

## Introducing the new *ProviderAccess*

Our new site offers a fresh, streamlined look and features designed to improve your online experience, including:

- **Easy navigation** with a Main Menu that stays with you as you travel throughout our site, making it faster and easier to get to the applications you need.
- **Enhanced access** with the Selector, which allows you to quickly move between your providers and patients without ever having to leave the page you're on.

**Powerful User Administration** that gives you the ability to manage your *ProviderAccess* users – create, edit or delete users, grant access to only the information and applications needed to do their job.



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# Contact EDI

 **205-220-6899**

 **Ask-EDI@bcbsal.org**



# Questions?