

Healthy Blue

2022 Quality Incentive Program



Quality Incentive Program Overview

Quality Incentive Program overview

2022 Incentives:

- To improve the health of our members, Healthy Blue has designated the following incentives for 2022:
 - Notification of pregnancy — \$200:
 - *Available once per pregnancy*
 - Well-child — \$60
 - Centering Pregnancy — up to \$475
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT) — \$24, \$48
 - *Available once per year for screening and twice for brief intervention*
 - CPT® Category II reimbursement — \$40, per code
 - Sports physicals — \$30



Notification of Pregnancy

Notification of Pregnancy

- Participating OB/GYN and PCP providers are eligible for a \$200 reimbursement for each pregnant Healthy Blue member identified:
 - Providers must complete the *Pregnancy Notification Report (PNR)* form and submit it with a professional claim after the first prenatal visit:
 - The *PNR* form should be faxed to Healthy Blue at **800-964-3627** and the claim should be submitted using Availity or another appropriate avenue. Availity, LLC is an independent company that provides administrative support services on behalf of BlueChoice HealthPlan.
- The PNR data should be submitted within seven business days from the pregnancy diagnosis date.
- Disclaimer: *The PNR Provider Incentive is an initiative implemented on a limited basis with select providers. It does not apply to non-participating providers and is not part of participating providers' contractual agreement with Healthy Blue. Healthy Blue may end the PNR initiative at any time and for any reason.*

Notification of Pregnancy (cont.)

- To view the *PNR* form, visit www.HealthyBlueSC.com and select Providers.



Pregnancy Notification Report
All providers must submit this form. It must be submitted to Healthy Blue within seven days of assessment. Please fax the completed form to **866-387-2974**.

SECTION A: OB provider information
Unless otherwise noted, all fields on form are required.

Today's date (MM/DD/YY): _____
Provider last name: _____ Provider first name: _____
Provider phone number: _____ Provider NPI/LPI: _____

SECTION B: Member information

ID #/CIN number: _____ Date of birth (MM/DD/YY): _____
Member last name: _____ Member first name: _____
Address: _____ Apartment number: _____
City: _____ State: _____ ZIP code: _____
Phone number: _____ Cellphone number: _____
Other phone number: _____ Email address: _____
Is the member's pregnancy confidential?: Yes No Unknown
Last menstrual period (LMP) (MM/DD/YY): _____

And/or — At least one of these two options is required.
Estimated due date (EDC) (MM/DD/YY): _____
Language spoken (at least one language is required): English Spanish Other: _____

SECTION C: Risk assessment

Does the member:

Have asthma? Yes No Unknown
Have diabetes? Yes (if yes, Type 1 Type 2 Gestational)
 No Unknown
Have high blood pressure? Yes No Unknown
Smoke cigarettes/use other tobacco products? Yes No Unknown

Use any of the following drugs/substances? Check all that apply:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Inhalants/glue	<input type="checkbox"/> Narcotics/heroin
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Sedatives/tranquilizers
<input type="checkbox"/> Cocaine or crack	<input type="checkbox"/> Methadone	<input type="checkbox"/> Member elects not to respond
<input type="checkbox"/> None	<input type="checkbox"/> Other: _____	

Have a high-risk pregnancy? Yes No Unknown
If yes, please explain: _____

www.HealthyBlueSC.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections. To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email fraudres@scdhhs.gov. BSCPEC-1086-18 October 2018

Notification of Pregnancy (cont.)

- The professional claim should be submitted separately with all services rendered during the office visit:
 - Date of service: Date of the pregnancy diagnosis consultation
 - CPT/HCPCS: 99080
 - Modifier: 32
 - Days/units: 1
 - Billed charges: \$200
- Note: No other services should be billed on this professional claim.

Well-child

Well-child

- PCP providers can receive the \$60 incentive for each Healthy Blue child that receives a wellness exam that falls into the categories listed below.

Well-infant Visit: Members who will turn 1 to 15 months within the current year

CPT/HCPCS	Modifier	ICD-10
99381-99385, 99391-99395, 99461 G0438-G0439	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X

Well-child Visit: Members who will turn 3 to 6 within the current year

CPT/HCPCS	Modifier	ICD-10
99381-99385, 99391-99395, 99461	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X

Adolescent Well-child Visit: Members who will turn 12 to 20 within the current year

CPT/HCPCS	Modifier	ICD-10
99461, 99381-99385, 99391-99395	EP	Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79, Z02.8X, Z02.9

Well-child (cont.)

- The incentive should be billed on the same claim as the well-child exam. The G9153 should be filed on the line directly following the well-child exam code and the diagnosis pointer for both must match:
 - Date of service: Date of the well-child exam
 - CPT/HCPCS: G9153
 - Days/units: 1
 - Billed charges: \$60
- Disclaimer: *The Well-child Provider Incentive is an initiative implemented on a limited basis with select providers. It does not apply to non-participating providers and is not part of participating providers' contractual agreement with Healthy Blue. Healthy Blue may end the Well-child initiative at any time and for any reason.*

Centering Pregnancy

Centering Pregnancy

- In Centering Pregnancy, after a woman has her initial obstetric appointment and exam, she is placed in a group with 8 to 12 other women who have due dates in the same month. They receive all their prenatal care visits together in ten sessions of two hours each throughout their second and third trimesters. A healthcare provider, such as a physician or NP, facilitates the groups, carrying out all the medical care the patients would routinely receive per the prenatal care guidelines from the American College of Obstetrics and Gynecology. The sessions include extended time for the provider to facilitate health education and social support among the patients.

Centering Pregnancy (cont.)

- There is a financial incentive for Centering Pregnancy visits, beyond routine prenatal care visit charges. All Healthy Connections organizations offer an additional \$30 per patient, per visit, up to \$150. Healthy Blue offers up to \$475 in incentives per patient.
- For more information on the Centering Pregnancy model and the consortium in South Carolina, contact Sarah Covington-Kolb, Centering Pregnancy Coordinator, at scovington-kolb@ghs.org or **864-455-8803**.
- Disclaimer: *The Centering Pregnancy Provider Incentive is an initiative implemented on a limited basis with select providers. It does not apply to non-participating providers and is not part of participating providers' contractual agreement with Healthy Blue. Healthy Blue may end the Centering Pregnancy initiative at any time and for any reason.*

SBIRT

SBIRT

- SBIRT is an evidence-based, integrated and comprehensive approach to the identification, intervention and treatment of substance (drug and alcohol) usage, domestic violence, depression, and tobacco usage.
- The SBIRT program in South Carolina is specific to pregnant women to include 12 months postpartum.
- **Screening:** Brief process of identifying substance use, behavioral health issues, domestic violence, and tobacco use.
- **Brief intervention:** 5- to 10-minute session to raise awareness of risks and increase motivation to engage support in choices that support health.
- **Referral:** When a risk has been identified and treatment is needed.
- **Treatment:** Cognitive behavioral work for members to acknowledge risks and change their behavior.
- Disclaimer: *The SBIRT Provider Incentive is an initiative implemented on a limited basis with select providers. It does not apply to non-participating providers and is not part of participating providers' contractual agreement with Healthy Blue. Healthy Blue may end the SBIRT initiative at any time and for any reason.*

SBIRT (cont.)

- When treating a pregnant member, use the *SBIRT Integrated Screening Tool*. If the screening is positive, conduct a brief intervention.
- Fax the SBIRT screening to Healthy Blue and keep a copy for your records.

Healthy Connections MEDICARE **SBIRT INTEGRATED SCREENING TOOL** South Carolina Department of Health and Human Services

*** Fax the COMPLETED form to the patient's plan and referral site and keep a copy in patient file**

Absolute Total Care Fax: 877-285-3226
 BlueChoice HealthPlan-Medicare Fax: 252-550-2810
 Molina Fax: 866-423-3889
 Medicare Fax: 866-455-4562
 Availere Fax: 866-781-4316
 First Choice by Select Health Fax: 866-333-3483
 SCDHHS (Fee-for-Service) Fax: 803-253-0247
 BlueCross BlueShield of South Carolina & BlueChoice HealthPlan Fax: 803-470-8884

PATIENT INFORMATION

Patient's last name: _____ First: _____ Middle: _____ Language: _____ Race: _____ Ethnicity: _____ Expected due date: _____
 Phone no: () _____ Street address: _____ Member ID no: _____

PROVIDER INFORMATION

Practice name: _____ Group NPI: _____ Individual NPI: _____ Screening provider's name: _____ Phone no: () _____

PATIENT SCREENING INFORMATION

Parents
 Did any of your parents have a problem with alcohol or drug use? YES NO

Peers
 Do any of your friends have a problem with alcohol or other drug use? YES NO

Partner
 Does your partner have a problem with alcohol or other drug use? YES NO

Violence
 Are you feeling at all unsafe in any way in your relationship with your current partner? YES NO

Emotional Health
 Over the last few weeks, has worry, anxiety, depression or sadness made it difficult for you to do your work, get along with people or take care of things at home? YES NO

Past
 In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? YES NO

Present
 In the past month, have you drunk any alcohol or used other drugs?
 1. How many days per month do you drink? _____ YES NO
 2. How many drinks on any given day? _____ YES NO
 3. How often did you have 4 or more drinks per day in the last month? _____ YES NO
 4. In the past month have you taken any prescription drugs? _____ YES NO

Smoking
 Have you smoked any cigarettes in the past three months? YES NO
 Please provide additional details for any "yes" responses: _____

Review risk Review domestic violence resources Review substance use, set health goals Consider mental evaluation

ADVICE FOR BRIEF INTERVENTION

	Y	N	N/A
Did you State your medical concern?			
Did you Advise to abstain or reduce use?			
Did you Check patient's reaction?			
Did you Refer for future assessment?			

At Risk Drinking

Non-Pregnant	Pregnant/Planning Pregnancy
7+ drinks/week 3+ drinks/day	Any Use is Risky Drinking

CONFIDENTIAL SBIRT REFERRAL INFORMATION

Patient referred to: DMH DAODAS DMHC Outline Fax: 800-483-3114 Private provider (Name & NPI) Domestic violence 803-256-2800
 (Check all that apply)

Date of referral appointment (DD/MM/YY): _____ Date screened: _____ Patient refused referral Referral not warranted: _____ Patient requested assistance

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use and domestic violence. Women's health is also affected when those same problems are presented in people close to us. By "alcohol," we mean beer, wine, wine coolers or liquor.

Physician's Signature: _____

SBIRT (cont.)

To bill for screening:

- Date of service: Use the date of the screening
- CPT/HCPCS: H0002
- Modifier: HD; only use to indicate a positive screening
- Days/units: 1
- Billed charges: \$24

To bill for brief intervention:

- Date of service: Use the date of the screening
 - CPT/HCPCS: H0004
 - Modifier: HD; only use to indicate a referral was made
 - Days/units: 1
 - Billed charges: \$48
- Note: This incentive can be billed on the same claim as the office visit.

CPT Category II Reimbursement

CPT Category II Reimbursement

- Healthy Blue offers reimbursement for the use of CPT II codes to encourage continued, long-term use. The use of CPT II codes benefits the healthcare system by providing more specific information about healthcare encounters. These codes provide data that can be used to help us all work more efficiently and effectively in the best interest of the member. Take advantage of this great revenue opportunity by enhancing your billing process.
- Additional payments for CPT II codes are made once **per service, per member, per year** and are earned by completing the criteria for billing the CPT II codes listed in the following tables.
- Disclaimer: *The CPT Category II Provider Incentive is an initiative implemented on a limited basis with select providers. It does not apply to non-participating providers and is not part of participating providers' contractual agreement with Healthy Blue. Healthy Blue may end the CPT Category II initiative at any time and for any reason.*

CPT Category II Reimbursement (cont.)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2021 pay*
2015F	Asthma assessment	J45	All	<ul style="list-style-type: none"> Complete office visit for a member with asthma. Perform asthma impairment assessment (such as symptom frequency and pulmonary function) during the visit. Report appropriate office visit, diagnosis code(s) and Category II code 2015F. 	\$20
3023F	Spirometry results documented and reviewed	J40–J44	All	<ul style="list-style-type: none"> Complete office visit for a member with a chronic respiratory condition. Document and review spirometry results in the medical record. Report appropriate office visit, diagnosis code(s) and Category II code 3023F. 	\$20
3117F	For patients who have congestive heart failure: heart failure disease-specific structured assessment tool completed	I50	All	<ul style="list-style-type: none"> Complete office visit for member with heart condition. Complete heart failure disease-specific structured assessment tool (lab tests, examination procedures, radiologic examination, and/or results and medical decision making). Report appropriate office visit, diagnosis code(s) and Category II code 3117F. 	\$20
0513F	For patients who have hypertension: elevated blood pressure plan of care	I10–I16	All	<ul style="list-style-type: none"> Complete office visit for member with hypertension or hypertensive diseases. Complete and document elevated blood pressure plan of care. Report appropriate office visit, diagnosis code(s) and Category II code 0513F. 	\$20

CPT Category II Reimbursement (cont.)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2021 pay*
3011F	Lipid panel results documented and reviewed	I25	All	<ul style="list-style-type: none"> Complete office visit. Document and review lipid panel results in the medical record. Report appropriate office visit, diagnosis code(s) and Category II code 3011F. 	\$40
3044F	For patients who have diabetes: most recent HbA1c < 7	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> Complete office visit for member with diabetes mellitus (any type). Complete and document hemoglobin A1C results when less than seven. Report appropriate office visit, diagnosis code(s) and Category II code 3044F. 	\$40
3051F	For patients who have diabetes: most recent HbA1c 7–9	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> Complete office visit for member with diabetes mellitus (any type). Complete and document hemoglobin A1C results when 7–9. Report appropriate office visit, diagnosis code(s) and Category II code 3045F. 	\$40

CPT Category II Reimbursement (cont.)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2021 pay*
3052F	For patients who have diabetes: most recent HbA1c > 9	E08, E09, E10, E11, E13	All	<ul style="list-style-type: none"> Complete office for member with diabetes mellitus (any type). Complete and document hemoglobin A1C results when greater than 9. Report appropriate office visit, diagnosis code(s) and Category II code 3046F. 	\$40
3074F	When the most recent systolic blood pressure less than 130 mm Hg	I10-I13 (all) OR I10 only	18-59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3074F. 	\$40
3075F	When the most recent systolic blood pressure 130-139 mm Hg	I10-I13 (all) OR I10 only	18-59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3075F. 	\$40

CPT Category II Reimbursement (cont.)

CPT II code	Description	Diagnosis included on claim	Age	Criteria	2021 pay*
3077F	When the most recent systolic blood pressure greater than or equal to 140 mm Hg	I10-I13 (all) OR I10 only	18-59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3077F. 	\$40
3078F	When the most recent diastolic blood pressure less than 80 mm Hg	I10-I13 (all) OR I10 only	18-59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3078F. 	\$40
3079F	When the most recent diastolic blood pressure 80-89 mm Hg	I10-I13 (all) OR I10 only	18-59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3079F. 	\$40
3080F	When the most recent diastolic blood pressure greater than or equal to 90 mm Hg	I10-I13 (all) OR I10 only	18-59	<ul style="list-style-type: none"> Document blood pressure and diagnosis of hypertension in the medical record. On the claim, include diagnosis code for hypertension/hypertensive condition and report CPT II code 3080F. 	\$40

Sports Physicals

Sports Physicals

- Healthy Blue pays for one sports physical per benefit year for members between the ages of 6 and 18.
- In-network primary care providers, including nurse practitioners and physician assistants, can perform and bill for this service.
- If the member has already had a well-child exam in the current benefit year, bill for the sports physical using CPT code 99212 with modifier 8P and diagnosis code Z02.5
- By performing a sports physical, you will receive a reimbursement of \$30.
- Disclaimer: *The Sports Physicals Provider Incentive is an initiative implemented on a limited basis with select providers. It does not apply to non-participating providers and is not part of participating providers' contractual agreement with Healthy Blue. Healthy Blue may end the Sports Physicals initiative at any time and for any reason.*

Sports Physicals (cont.)

- If the member has not had a well-child exam in the current benefit year, you can bill for the well-child visit, well-child incentive, and the sports physical on the same claim.
- Bill the appropriate well-child code 99383, 99384, 99393 or 99394 with modifier 25, along with an appropriate diagnosis code: Z00.0X, Z00.1XX, Z00.X, Z02.X, Z02.71, Z02.79 or Z02.8X
- Bill code G9153 for the \$30 well-child incentive
- Bill code 99212 with modifier 8P and diagnosis code Z02.5 for the \$30 sports physical incentive

Thank you

www.HealthyBlueSC.com

BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan, LLC, an independent company, for services to support administration of Healthy Connections.

To report fraud, call our confidential Fraud Hotline at **877-725-2702**. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at **888-364-3224** or email fraudres@scdhhs.gov.

BSCPEC-2106-21 December 2021