The Quality Incentive Program (QIP) began in March 2014. It offers incentive payments for certain well-child visits and comprehensive diabetic care (CDC) listed on your individual Gaps in Care reports. Participation is limited to primary care physicians in good standing with BlueChoice HealthPlan Medicaid. It includes the specialty types of internal medicine, general practice, pediatrics and family medicine. We excluded Greenville Health System physicians in Greenville County.

You will receive a $30 incentive payment in addition to the well-visit reimbursement for each eligible service to members listed on your Gaps in Care reports. You must bill code G8496 to receive incentive payments in addition to the well-visit code. Bill the G8496 code on the same claim form in position 2 along with the office visit code. We pay incentive amounts at the time of claims adjudication in addition to the well-visit reimbursement for the eligible service.

Eligible Services

Well-child visits for ages 3 through 6 with documentation in the medical record indicating a visit with the evidence of a health and developmental history, a physical exam and health education/anticipatory guidance are eligible. Use CPT-4 codes 99382, 99383, 99392, 99393 billed for children ages 3, 4, 5 and 6.

Adolescent well-care visits through age 20 with documentation indicating a visit with the evidence of a health and behavioral assessment, a physical exam and health education/anticipatory guidance are eligible. Use CPT-4 codes 99383, 99384, 99385, 99393, 99394, 99395.

CDC for members ages 18 and older. You will receive a $50 incentive for these members with Type 1 or Type 2 diabetes who had each of these services, with documentation:

- HbA1c testing (codes used to identify HbA1c tests: CPT 83036, 83037-CPT Category II 3044F, 3045F, 3046F)
- HbA1c poor control > 9 percent
- HbA1c control < 8 percent
- HbA1c control < 7 percent
- Eye exam (retinal). An eye care professional must perform the retinal eye exam during the year, or the member must have received a negative retinal exam (no evidence of retinopathy) in the prior year.
- LDL - C screening (codes to identify LDL-C screening: CPT 80061, 83700, 83701, 83704, 83721-CPT Category II 3048F, 3049F, 3050F)
- LDL - control (<100mg/dL)
- Medical attention for nephropathy (codes to identify attention to nephropathy: CPT 82042, 82043, 82044, 84156-CPT Category II 3060F, 3061F)
- BP control (<140/80 mm Hg and <140/90 mm Hg)

A recent report on the use of the G-Code incentive reveals that many providers are not taking advantage of the $30 and $50 incentives. They are missing an opportunity to improve their reimbursement. Be sure that your G-Code is in the second position on the claim form. Claims that split and are separated from the office visit code will result in denials.
Eligibility Portal Will Lower Your Denial Rate

Use the Healthy Connections eligibility verification portal to check Medicaid beneficiaries’ eligibility each time they come in for an office visit. If you don’t, you could be facing claims denials or delayed payments. The site provides important beneficiary information, such as a member’s Medicaid managed care organization (MCO) and health plan anniversary date. The anniversary date indicates when a member should renew. We encourage you to remind members of those dates. The eligibility verification portal may also list the member’s third-party payers, if he or she has additional health care coverage.
Got Community Events?

Please let us know about upcoming events in your communities. We can provide South Carolina residents with important health information and services during these types of events:

- Health fairs
- Wellness days
- Seasonal festivals
- Holiday celebrations
- Special events

Please contact Donna Williams, community relations manager, at 803-260-6085 or send an email to Donna.Williams@wellpoint.com.

Membership Update

We appreciate what you have done to help us boost our membership to over 78,600. When you recommend us to your patients, it makes a powerful impact on their managed care plan decisions. Thank you! We will continue to provide you with information and tools to make your work easier. We encourage you to share your suggestions with your provider relations representative.

Physician Assistant and Nurse Practitioner Credentialing Update

Be sure physician assistants (PAs) perform services under the direct supervision of a physician. Bill them under the supervising physician’s National Provider Identifier (NPI) number. We will deny claims billed with the PA as the rendering provider.

Nurse practitioners (NPs) can bill using their NPIs under a supervising physician for 80 percent of the physician’s reimbursement rate. Or they can bill under the supervising physician’s NPI for full reimbursement.

BlueChoice HealthPlan Medicaid credentials NPs and PAs. Please contact the Credentialing department at provider.cert@bcbssc.com to request credentialing forms or to confirm credentialing status.

Annual Diabetes Fall Symposium

The 20th Annual Diabetes Fall Symposium for primary health care professionals will be held September 11-12. The event will be at the Embassy Suites/North Charleston Convention Center in North Charleston.

For more information about this event, please visit http://www.musc.edu/diabetes or contact Julie Benke-Bennett, program coordinator at the Medical University of South Carolina Diabetes Center, Diabetes Initiative of South Carolina. Please send emails to benkej@musc.edu or contact her at 843-876-0968 or 843-876-0998 (fax).
Best Practices - ER Utilization Reports

Each month, we produce ER Utilization reports that provide a comprehensive listing of members who received medical services at emergency rooms (ERs) throughout South Carolina. The reports are available for PCPs, and include specific ER utilization data about a provider’s BlueChoice HealthPlan Medicaid members from the previous month.

Please look at this scenario involving a member who was listed on a recent ER Utilization report and a creative practice solution:

We discovered that Suzi (not her real name) had been to the ER over 80 times in less than one year. The costs for those ER visits escalated to $40,000. The member did not seek health care services from her designated PCP. Instead, she routinely opted for the ER. This was not an efficient use of the emergency room.

When we saw these ER visits for non-emergency/non-life threatening illnesses, Suzi was scheduled for standing appointments with her PCP every two weeks. We do not yet have the results of this intervention. But the goal is to get Suzi stabilized and on a routine that will help her avoid the ER, except for true emergencies.

For more information about the ER Utilization reports, please contact your provider relations representative.