

Encourage your Patients to Get the Flu Vaccine

The Centers for Disease Control (CDC) collaborates with other partners each flu season to assess how well the seasonal vaccines are working.

During the 2015 and 2016 seasons, the CDC is planning multiple studies on the effectiveness of both the flu shot and the nasal-spray flu vaccine ([click here to read more](#)). These studies measure vaccine effectiveness in preventing laboratory-confirmed influenza among persons six months of age and older.

CDC's seasonal influenza vaccine effectiveness estimates since 2005 are listed on [the CDC website](#).

Please encourage your patients to receive the flu vaccine. If your office does not offer flu shots, please have your patient call Blue KC Customer Service, at (888) 989-8842, to locate a flu shot provider.

New Directions Behavioral Health (NDBH) Information for Providers

New Directions Behavioral Health (NDBH) manages the behavioral health benefits and offers prevention programs for Blue KC members.

Programs include: Behavioral Health Screening, telephone outreach for many behavioral health problems as well as education about depression, attention deficit hyperactivity, bipolar and substance use disorders. In addition, Behavioral Clinical Practice Guidelines are available to all practitioners and providers. For more information, visit the [NDBH website](#).

Each year, NDBH publishes a description of its quality improvement program and progress in meeting quality goals. To find summaries of these activities, please go to www.ndbh.com/AboutUs/QualityImprovement.aspx.

For information about member rights and responsibilities please go to www.ndbh.com/ManagedBehavioralHealth/MemberRightsandResponsibilities.aspx.

NDBH describes how it uses and discloses protected health information at www.ndbh.com/PrivacyPolicy.aspx.

NDBH bases its decisions about use of services for your behavioral healthcare needs on eligibility, coverage, and appropriateness of the care or service. NDBH does not specifically reward, hire, promote or terminate practitioners or other individuals for issuing denials of coverage. NDBH is available 24/7 to answer questions about the Utilization Management process including how you can obtain a copy of the utilization management criteria, upon request.

If you do not have online access, call (800) 528-5763 or write to P.O. Box 6729, Leawood, KS 66206, and the information can be sent to you.

Blue KC Provider Portal

[Blue KC's Provider Portal](#) has important information for you and your staff. When you sign on to Providers.BlueKC.com with your user name and password, you can access the following:

- Claims
- Eligibility Access
- Benefits Access
- Member Liability Adjudicator
- Member Liability Estimate (MLE)
- Provider Office Guide
- Blue KC Medical Policies
- Medical Home Information
- Clinical Guidelines
- Pharmacy Information and Prescription Drug Lists
- Prior Authorization Information for Medical, Pharmacy and High-Tech Radiology (provided by eviCore)
- Disease Management Program Information – New!
- Quality Improvement Program Updates – New!
- Past copies of the BlueSpeak newsletters
- New POS MLE / RTCA Functionality – New!

If you have any questions, please contact your provider services representative.

Blue Medicare Advantage

Effective January 1, 2016, Blue KC will enter the Medicare market. Blue Medicare Advantage (MA) is an HMO plan across nine metro counties in Kansas: Wyandotte and Johnson, and Missouri: Jackson, Clay, Platte, Ray, Clinton, Cass, and Lafayette. Blue KC will host a series of provider orientation seminars in October for participating Blue Medicare Advantage providers to ask questions and learn more about the program.

For general questions about the program or to learn how to register for an upcoming MA orientation seminar, please contact your Blue KC External Provider Representative or Tasha James via email at BLUESPEAK@BlueKC.com.

New policies effective July 1, 2015

Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome
Blue KC Policy Number:
2.01.18

Supervised polysomnography performed in a sleep laboratory may be considered medically necessary as a diagnostic test in patients with a moderate/high pretest probability of Obstructive Sleep Apnea (OSA) in the following situations:

1. Pediatric patients (i.e., younger than 18 years of age); OR
2. When patients do not meet criteria for an unattended home sleep study as described below; OR
3. A previous home study failed to establish the diagnosis of OSA in a patient with a high pretest probability of OSA; OR
4. A previous home study was technically inadequate; OR
5. Failure of resolution of symptoms or recurrence of symptoms during treatment; OR
6. To reevaluate the diagnosis of OSA and need for continued Continuous Positive Airway Pressure (CPAP), e.g., if there is a significant change in weight or change in symptoms suggesting that CPAP should be reiterated or possibly discontinued; OR
7. When testing is done to rule out other sleep disorders such as central sleep apnea, parasomnias, narcolepsy, restless leg syndrome or periodic limb movement disorder; OR

8. Presence of a co-morbidity that might alter ventilation or decrease the accuracy of a home sleep study, including, but not limited to, heart failure, neuromuscular disease, chronic pulmonary disease or obesity hypoventilation syndrome.

A complete copy of the Blue KC medical policy manual is available online at <http://medicalpolicy.bluekc.com/Pages/default.aspx>.

HEDIS Spotlight

Blue KC is preparing for the 2016 Healthcare Effectiveness Data Information Set (HEDIS®) medical record abstraction process. HEDIS® is administered by the National Committee for Quality Assurance (NCQA). The accuracy of our reporting contributes directly to our success in the marketplace and ultimately to the success of your practice. The HEDIS® medical record data abstraction process will begin in late January and finish in early May. Last year, Blue KC worked with a small group of practices and successfully obtained remote access to their EMRs. This allowed Blue KC to obtain necessary medical records while creating minimal disruption for these offices. Most EMR systems can be configured to allow access to only those members associated with a specific health plan. If your office would like to work with Blue KC on this effort, please contact Michelle Williams at (816) 395-3975. By establishing electronic connectivity prior to the HEDIS abstraction season, we can ensure a successful HEDIS abstraction process while significantly reducing office disruption.

As defined by the Health Insurance Portability and Accountability Act (HIPAA), Blue KC is a covered entity and therefore we are legally bound to protect, preserve, and maintain the confidentiality of any protected health information (PHI) obtained from your office.

If you have questions or concerns regarding the medical record abstraction process, please contact Michelle Williams at (816) 395-3975. We appreciate your participation and are committed to working with you to obtain the necessary information with minimal disruption to your workflow.

Antidepressant Medication Management

The HEDIS measure, Antidepressant Medication Management, assesses the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an Antidepressant Medication Treatment. Two rates are reported to NCQA:

- **Effective Acute Phase Treatment.** The percentage of adult members who remained on an antidepressant medication for at least 81 continuous days (12 weeks) in the 114 days following the initial antidepressant prescription start date.
- **Effective Continuation Phase Treatment.** The percentage of adult members who remained on an antidepressant medication for at least 180 continuous days (six months) in the 231 days following the initial antidepressant prescription start date.

The Centers for Disease Prevention and Control (CDC) estimates that nearly eight percent of Americans age 12 years and older report current depression. In the U.S., major depressive disorder affects nearly 20 percent of adults at least once during their lifetime. Current data shows 80.4 percent of Americans are prescribed antidepressants from providers other than psychiatric physicians. Of those, 73.7 percent will initiate care with their Primary Care Physician. The initial prescribing physician has a crucial role in monitoring the patient's initial medication response, determining appropriate dosing and advocating the continuation of therapy through the acute and continuation phases. Scheduling a follow-up visit at the time of the initial diagnosis is very helpful in facilitating this process.

Non-adherence to antidepressant medications is the largest barrier to successful treatment of depression in clinical practice. When clinical guidelines are followed this significantly decreases the recurrence of depression in patients and overall improves the quality of care and ultimately prevents suicides related to non-effective treatment of major depression disorder in America.

Accellion

As part of our continuing effort to collaborate effectively with provider groups, Blue KC has recently started using a product called Accellion, a secure file sharing system. This provides a secure and efficient method of electronically transmitting and receiving files such as clinical member level gap reporting and medical record requests. In order to transmit these files in accordance with HIPAA guidelines, Blue KC must confirm that the email addresses provided for use in this system are business email addresses. We cannot accept a personal email address as business contact information tends to change over time.

Once the signed form confirming the email address has been received, the user will receive an introductory email from Blue KC, which will include a link to the Accellion site where they will be presented with a user agreement and an opportunity to establish a password. A link to our Accellion site is included [here](#).

For any questions about this new file sharing process, please contact [Curtisi Cross](#) at (816) 395-3058.

Count on Quality at Blue KC

At Blue KC, our Quality Improvement (QI) Program works to make sure that our services and the clinical care provided by our network doctors and facilities meet standards for quality and safety. Blue KC's goal is to help members take better care of their health and to give doctors and facilities the tools to assist our members.

The QI Program includes, but is not limited to, measuring, monitoring and improving:

- The effectiveness and outcomes related to clinical care and preventive services. We use the Healthcare Effectiveness Data and Information Set (HEDIS®) to evaluate health plan performance. We monitor our HEDIS® results for preventive services such as breast, cervical and colon cancer screenings and for clinical outcomes for members with conditions such as diabetes and asthma;
- Access and availability: making sure there are appointments available with doctors within our standards and making sure there are enough doctors and facilities in our networks;
- Quality of Care, Patient Safety and Readmissions to the Hospital; and
- Member and Provider Satisfaction.

Achievements – Blue KC has products that are accredited by the National Committee for Quality Assurance (NCQA). Blue Cross and Blue Shield of Kansas City, Good Health HMO received a score of four out of five for Consumer Satisfaction and was overall rated a score of four out of five among health plans in NCQA's Private Health Insurance Plan Ratings 2015-2016. Blue KC's PPO product received a score of 3.5 out of five for Consumer Satisfaction and Treatment and was overall rated a score of 3.5 out of five among health plans in NCQA's Private Health Insurance Plan Ratings 2015-2016.

Annual Evaluation – Each year, the QI Program is evaluated to see how much we've improved the quality and safety of clinical care along with a review of Blue KC's services including claims, customer service and our website. This evaluation is used to identify opportunities to make improvements.

Current Goals and Initiatives – The goals and objectives of the QI Program include:

- Continue to improve our NCQA accreditation status for our healthcare products – HMO, PPO and Marketplace/Exchange products;
- Continue to improve member's health as measured through the Healthcare Effectiveness Data and Information Set (HEDIS®) scores;
- Involve Blue KC staff to support quality improvement processes across the company;
- Promote proactive early intervention with members through Case and Disease Management and through member reminders for needed care;
- Support network doctors by providing quarterly results on their members' preventive care and clinical outcome measures throughout the year.

To Learn More

If you would like more information about Blue KC's QI Program, goals, processes or outcomes, please contact the Quality Management Department at Quality_Management@BlueKC.com or c/o Blue KC Quality Management, 2301 Main Street, Mailstop A6F1, Kansas City, MO 64108.

Contact Us

BlueSpeak is published three times a year as a service to Blue KC network providers.

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Reader's comments are welcome. Please send an email to Tasha.James@BlueKC.com.

Please Update Your Email Address
at BlueSpeak@BlueKC.com to ensure you continue to receive the newsletter.