

Improving Provider Encounter Data

April 2023

Agenda

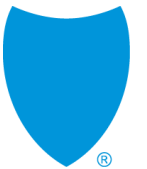
1. Authorization overview
2. Provider dispute resolution (PDR)
3. Top five EDI encounter and claim rejections
4. Duplicate encounters
 - Q&A
5. Blue Shield Promise Quality Performance Incentive (PQPI) Program for Medi-Cal providers
 - Q&A





Authorization overview

Janet Mills, Principal Learning Consultant, Provider Education

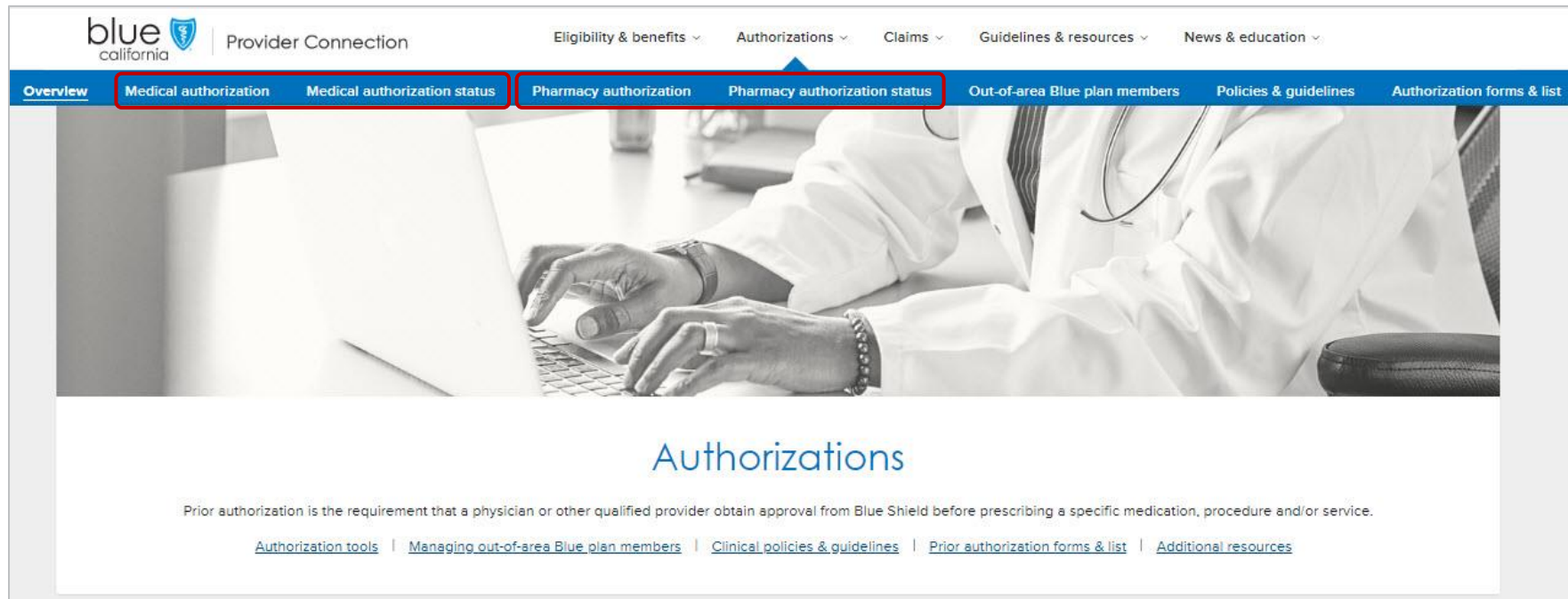


AuthAccel

AuthAccel, Blue Shield's online authorization system, is available from the home page and from the [Authorizations](#) section. With AuthAccel you can:

- **Blue Shield:** Submit and view medical and Rx requests for Commercial/FEP and Medicare members.
- **Promise Health Plan:** Submit medical requests and view medical and Rx requests for Medi-Cal members.

Once logged in to Provider Connection, navigate to the *Authorizations* section and select [Medical authorization](#), [Medical authorization status](#), [Pharmacy request](#), or [Pharmacy authorization status](#) from the blue sub-menu bar.



How to launch AuthAccel

After making your initial selection, you can move between options by clicking the tabs.

1. Select the Tax ID under which you wish to submit or view the authorization from the drop-down list.
2. Click **Access AuthAccel** and the system will open in a new window.
3. Each AuthAccel launch page has downloadable step-by-step instructions for how to work in the system.

MEDICAL REQUEST MEDICAL REQUEST STATUS PHARMACY REQUEST PHARMACY REQUEST STATUS

Blue Shield Promise medical authorizations can now be submitted in AuthAccel. The status of previously submitted requests can also be viewed online.
[For instructions, read how to submit a medical authorization](#)

Use AuthAccel to determine if a Blue Shield commercial/FEP authorization is required.
Launch AuthAccel and submit your request. If authorization is not required by Blue Shield or is delegated, you can receive documentation from the system.
[For instructions, read how to submit a medical authorization](#)

Request medical authorization

To request medical authorization via the AuthAccel online authorization system, select the requesting provider's tax ID number (TIN) and click **Access AuthAccel**. If you don't see your TIN in the menu, [contact us](#).

NOTE: In order to access AuthAccel, you must enable browser pop-ups.

Requesting provider's TIN
Select TIN

Access AuthAccel Cancel

INSTRUCTIONS

- [Read how to submit a medical authorization \(PDF, 329 KB\)](#)

QUICK LINKS

- [AuthAccel system updates and support tools](#)
- [Authorization basics for providers](#)
- [Clinical policies and guidelines](#)
- [AuthAccel frequently asked questions \(PDF, 277 KB\)](#)
- [Verify member's eligibility & benefits](#)



Determine if medical authorization is required

- **For Medi-Cal members:**

1. See the *Prior Authorization Code Lists* located on the [Prior authorization list](#) page. (Log in NOT required.)
2. Use online chat after log in to Provider Connection – available from every page.
3. Call Blue Shield of California Promise Health Plan at **(800)468-9935**.

- **For Commercial and FEP members:**

1. AuthAccel can tell you when Blue Shield does not require authorization for a Commercial or FEP medical service and when authorization is delegated to another approver.
 - When either is the case, completing and submitting the request will result in an inquiry. You must complete the process and click **Submit** to secure an inquiry number. You can print the inquiry for your records.

- **For Commercial, FEP and Medicare members:**

1. See the [prior authorization list](#). (Log in not required.)
2. Use online chat after log in to Provider Connection – available from every page.
3. Call Blue Shield of California at **(800)541-6652**.



Submit medical authorizations

1. By fax:

- Blue Shield Promise [authorization request form](#) for Medi-Cal. (Log in NOT required.)
- Blue Shield [authorization forms](#) for Medicare, Commercial and FEP. (Log in NOT required.)

2. Via Provider Connection using Blue Shield's AuthAccel online authorization system. (Log in required.)

The screenshot shows the 'MEDICAL REQUEST' tab selected in a navigation bar. Below the navigation bar, there are two informational messages with close buttons. The first message states: 'Blue Shield Promise medical authorizations can now be submitted in AuthAccel. The status of previously submitted requests can also be viewed online. For instructions, read how to submit a medical authorization'. The second message states: 'Use AuthAccel to determine if a Blue Shield commercial/FEP authorization is required. Launch AuthAccel and submit your request. If authorization is not required by Blue Shield or is delegated, you can receive documentation from the system. For instructions, read how to submit a medical authorization'. Below these messages is the 'Request medical authorization' section. It includes a paragraph: 'To request medical authorization via the AuthAccel online authorization system, select the requesting provider's tax ID number (TIN) and click Access AuthAccel. If you don't see your TIN in the menu, contact us.' A 'NOTE' follows: 'NOTE: In order to access AuthAccel, you must enable browser pop-ups.' Below the note is a dropdown menu labeled 'Requesting provider's TIN' with 'Select TIN' as the current selection. At the bottom of this section are two buttons: 'Access AuthAccel' and 'Cancel'. On the right side of the page, there are two sections: 'INSTRUCTIONS' with a link 'Read how to submit a medical authorization (PDF, 329 KB)' and 'QUICK LINKS' with several links: 'AuthAccel system updates and support tools', 'Authorization basics for providers', 'Clinical policies and guidelines', 'AuthAccel frequently asked questions (PDF, 277 KB)', and 'Verify member's eligibility & benefits'.



Determine authorization status

1. View status via AuthAccel.

- Launch with Tax ID under which you submitted the authorization.
 - Servicing providers and facilities can view authorization status under their own Tax ID(s), when they are linked to the request.
- “How to” instructions are located on the medical and pharmacy request status launch pages and on the [AuthAccel Online Authorization System training page](#). (Log in required.)

The screenshot displays the AuthAccel interface with four navigation tabs: MEDICAL REQUEST, MEDICAL REQUEST STATUS, PHARMACY REQUEST, and PHARMACY REQUEST STATUS. The 'MEDICAL REQUEST STATUS' and 'PHARMACY REQUEST STATUS' tabs are highlighted with red boxes. Below the tabs, there are two informational messages with close buttons. The main content area is titled 'Request medical authorization' and includes instructions on how to use the system, a note about browser pop-ups, and a form to select the 'Requesting provider's TIN'. The form has a dropdown menu labeled 'Select TIN' and two buttons: 'Access AuthAccel' and 'Cancel'. On the right side, there are sections for 'INSTRUCTIONS' and 'QUICK LINKS' with several links to help documents.

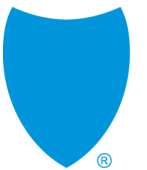
2. Use online chat after log in to Provider Connection – available from every page.

3. By phone – Contact Blue Shield Promise Provider Customer Service at **(800) 468-9935** or Blue Shield Provider Customer Service at **(800) 541-6652**, 8 a.m. to 5 p.m. Monday through Friday.

* See [Authorization basics for providers](#) on Provider Connection for detailed information about the authorization process – no login required.

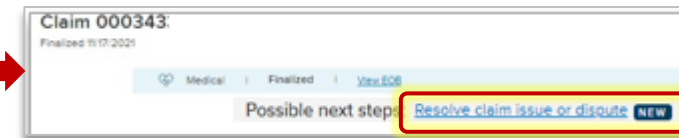
Provider dispute resolution

Janet Mills, Principal Learning Consultant, Provider Education

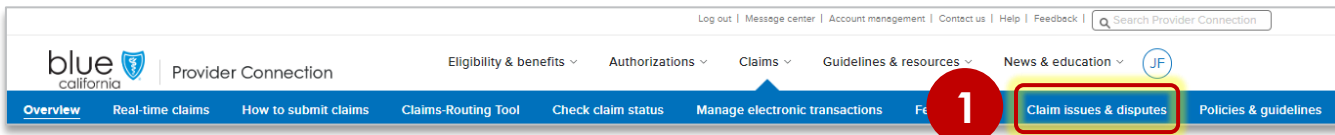


Filing a dispute*

- Disputes can now be filed online for finalized Commercial, Shared Advantage, and BlueCard claims.
- Disputes for Promise Health Plan, Medicare, Medicare Advantage, and FEP claims, must be filed by mail.
- To file a dispute online or by mail for a finalized claim or claims, go to the *Claim* section on Provider Connection:
 - Click **Check claim status** in the blue sub-menu bar.
 - Search for the finalized claim.
 - Click the claim number to open the *Claims Detail* page.
 - Click the *Resolve claim issue or dispute* link. This link will be active only if the claim has been finalized.
 - Note, if this is a claim type that cannot be disputed online, the link will say, "file a dispute by mail."

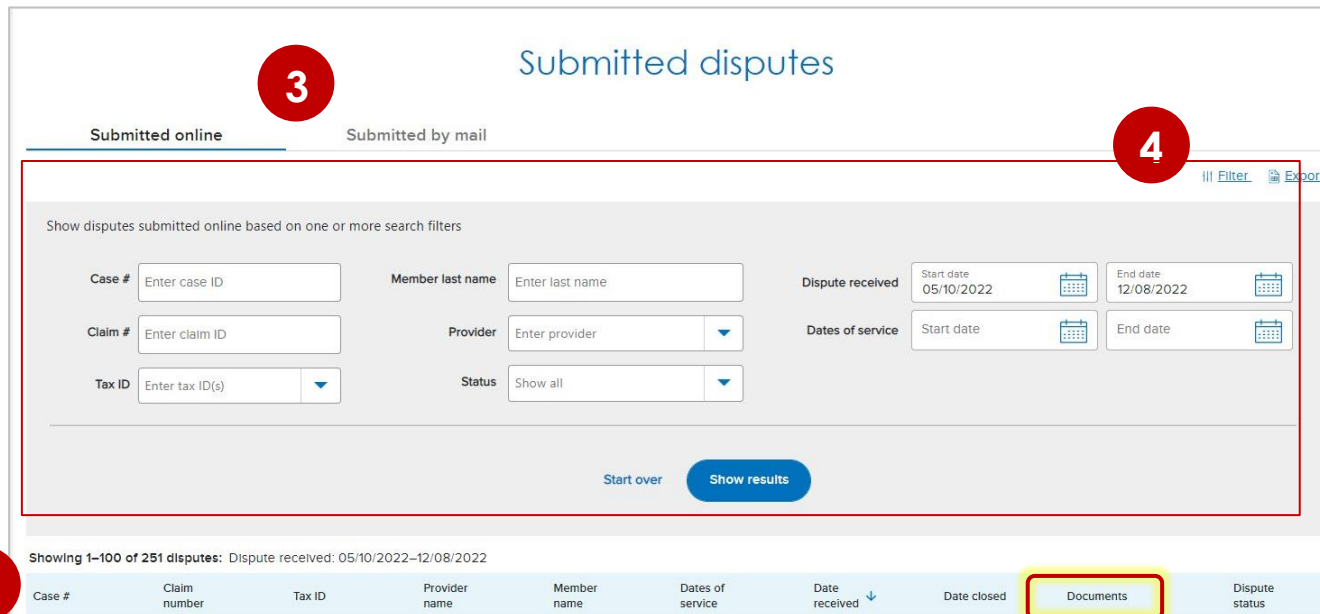
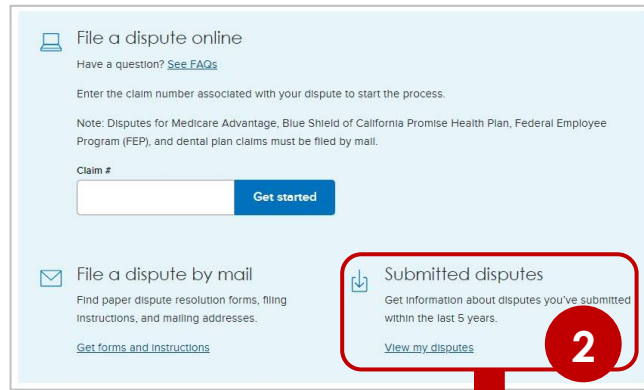


* Instructions for filing a dispute online are built into the tool. Instructions for filing a dispute by mail are located on the [Get forms and instructions](#) page.



Tracking a dispute online*

1. Click **Claims issues & disputes** from the blue sub-menu bar.
2. Click **View my disputes**.
3. Select either *Submitted online* or *Submitted by mail* tab.
4. Click **Filter** and enter criteria to search for a dispute.
5. Results display under the light blue banner. Enter data related to the dispute(s) in one or more fields and click **Show results**.



- Click links under the *Document* column to view dispute-related documentation (acknowledgments and determination letters).

* The status of BlueCard claims submitted by mail and disputes for FEP, Medicare, Medicare Advantage or Dental, are not viewable online. Contact Blue Shield for this information.





Top five EDI encounter and claim rejections



Kelli Gonczerek, Systems Analyst/Consultant, Encounters Performance Organization

Top 5 EDI rejections: Blue Shield* encounters

| Volumes | Rejection reason | Action needed |
|---------|--|--|
| 48,196 | Duplicate to a previously processed claim (WBE837P-302 & WBE837I-302) | For Blue Shield: Record is a duplicate of a previously accepted within the last 365 days submission. |
| 8,059 | We are unable to identify the patient who received services with the information submitted (WBE837P-300 & 0x8110003) | For Blue Shield: Please confirm the Subscriber ID correct and resubmit if necessary. |
| 1,313 | Unable to identify provider (WBE837I141) | For Blue Shield: Please confirm the Provider information correct and resubmit. |
| 1,309 | A data element with 'Mandatory' status is missing (8454222) | For Blue Shield: Element DTP03 (Date Time Period) is missing. This Element's standard option is 'Mandatory'. Segment DTP is defined in the guideline at position 1350. |
| 1,309 | Service Date is required (0x3938b08) | For Blue Shield: Segment DTP (Date - Service Date) is missing. It is required on outpatient claims when statement covers period more than one day and drug is not been billed. |

* Commercial and Medicare

Top 5 EDI rejections: Blue Shield Promise* encounters

| Volumes | Rejection reason | Action needed |
|---------|--|---|
| 15,178 | Value of element LIN03 is incorrect. Expected value is from external code list – NDC (0x393933b) | For Blue Shield Promise: The submitted NDC is incorrect. It must be the code found on the package, 11 digits and valid according to the Food and Drug Administration (FDA) NDC list. |
| 13,676 | Duplicate of a previously accepted record (DUPRej_02) | For Blue Shield Promise: Record is a duplicate of a previously accepted within the last 365 days submission. |
| 8,448 | NDC code is missing or invalid for the submitted PAD (0xe0277) | For Blue Shield Promise: Claims and encounters reporting Physician Administered Drugs (PADs) must include both the Healthcare Common Procedure Coding System (HCPCS) code and a valid National Drug Code (NDC). |
| 1,526 | Patient not eligible for submitted date of service (MLRej_02) | For Blue Shield Promise: Patient is not eligible for the date of service. |
| 1,118 | Invalid Address Information in Billing Provider Address (60003463) | For Blue Shield Promise: Value of element N301 is incorrect. Expected value should not be a 'PO BOX' or 'P.O. BOX'. |

* Medi-Cal Los Angeles and San Diego

Top 5 EDI rejections: Blue Shield Promise* claims (fee-for-service)

| Volumes | Rejection reason | Action needed |
|---------|--|---|
| 18,500 | National Drug Code (NDC) is invalid (0x393933b) | For Blue Shield Promise: The submitted NDC is incorrect. It must be the code found on the package, 11 digits and valid according to the Food and Drug Administration (FDA) NDC list. |
| 12,577 | Duplicate of a previously accepted record (DUPRej_02) | For Blue Shield Promise: Record is a duplicate of a previously accepted within the last 365 days submission |
| 8,104 | Referring, service facility, ordering or supervising provider NPI must be submitted (0xe00009) | For Blue Shield Promise: An NPI must be present if a referring, service facility, ordering or supervising provider is submitted. |
| 995 | Referring, service facility, ordering or supervising provider NPI Should not be used (0x3938c72) | For Blue Shield Promise: Review loop 2310C, 2310D, or 2310E correct and resubmit. |
| 948 | Description should not be used when valid HCPC code is present (60003799) | For Blue Shield Promise*: Sub-element SV 101-07 is used. It should not be used when loop 2410 is used and HCPCS code from SV 101-02 is not from external code list. |

* Medi-Cal Los Angeles and San Diego



Duplicate encounters

Melanya Saghatelyan, Systems Analyst/Consultant, Encounters Performance Organization



Duplicate encounters

- To meet regulator expectations, we need to help minimize duplicate submissions.
- When thinking about how to reduce duplicate submissions in your organization, ask yourself these questions:
 - Do we have a high volume of duplicates? If so, why?
 - Is there a system issue or limitation?
 - Do we front-end edits to capture duplicate encounters?
 - Does our clearing house have edits in place to capture duplicates?
 - Are we correcting or sending replacement encounters?
 - Are we using the appropriate frequency codes?
- Blue Shield/Blue Shield Promise highly discourages “data dumping.”

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- [EDI Blue Shield Promise Companion Guide](#)
 - [EDI Blue Shield Companion Guide](#)

Duplicate encounters *continued*

- As a reminder, there are two level of 277CAs. Below are the 277CA rejection/denial code for each.
 - A3:54 - Primary 277CA: Rejected at EDI level
 - F2:54 - Secondary 277CA: Denied in our processing system post EDI
- How to correct/resubmit an encounter:
 - The Claim Control Number must be unique in CLM01.
 - A value of either "7" (replacement) or "8" (void) must be placed in CLM05-03.
 - Blue Shield's original 12-numeric claim ID must be populated in REF02 (REF01 = F8).
 - If Blue Shield's claim ID is unknown, enter the numbers 123456789000.
 - **Data elements**
 - CLM05 - 3 = 7 or 8
 - REF02 (REF01 Qualifier = F8) = Original Payer Claim Control Number or 123456789000

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- [EDI Blue Shield Promise Companion Guide](#)
 - [EDI Blue Shield Companion Guide](#)

What is the PQPI Program?

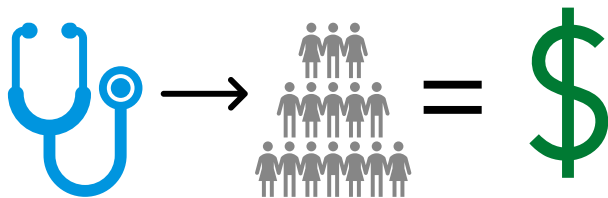
- The Blue Shield Promise Quality Performance Incentive (PQPI) Program is a traditional pay for performance program based on annual measurement of IPA performance in various domains.

Performance measurement is primarily focused on Healthcare Effectiveness Data and Information Set (HEDIS) measures that assess quality of healthcare provided to Blue Shield Promise Medi-Cal members.

Program Eligibility: All IPAs who serve Blue Shield Promise Medi-Cal members are eligible* for the PQPI program.

*While all groups are eligible, participating groups must have 1) a full Measurement Year result for HEDIS and 2) sign a letter of acknowledgement (LOA) confirming they are aware of the incentive program.

Pure Performance Incentive Program: Incentive payments are upside only and are **not** tied to contractual agreements.



Domains and methodology: Measurement year 2023

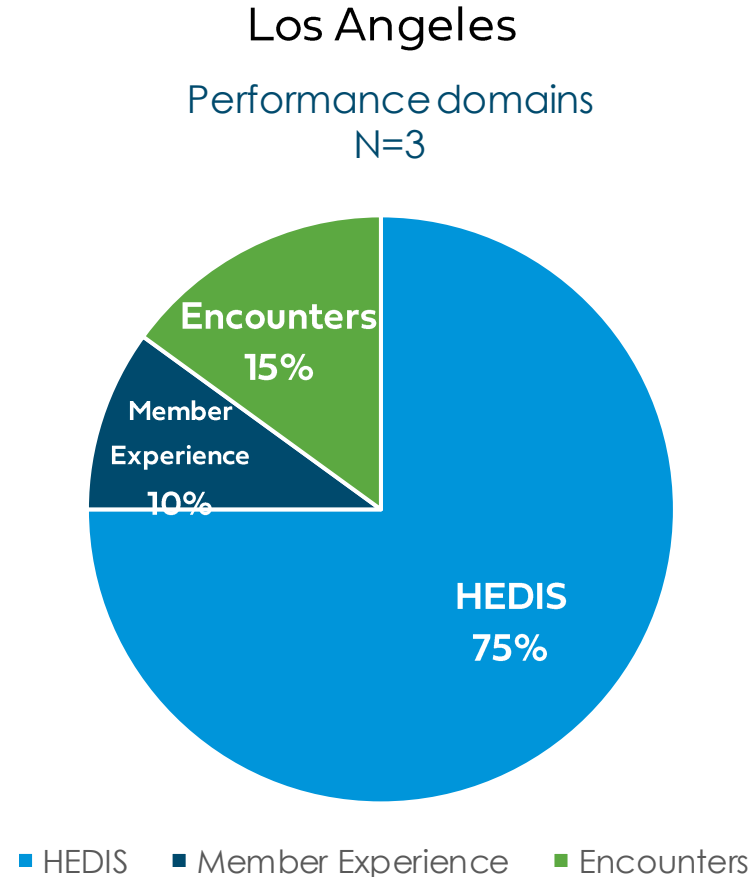
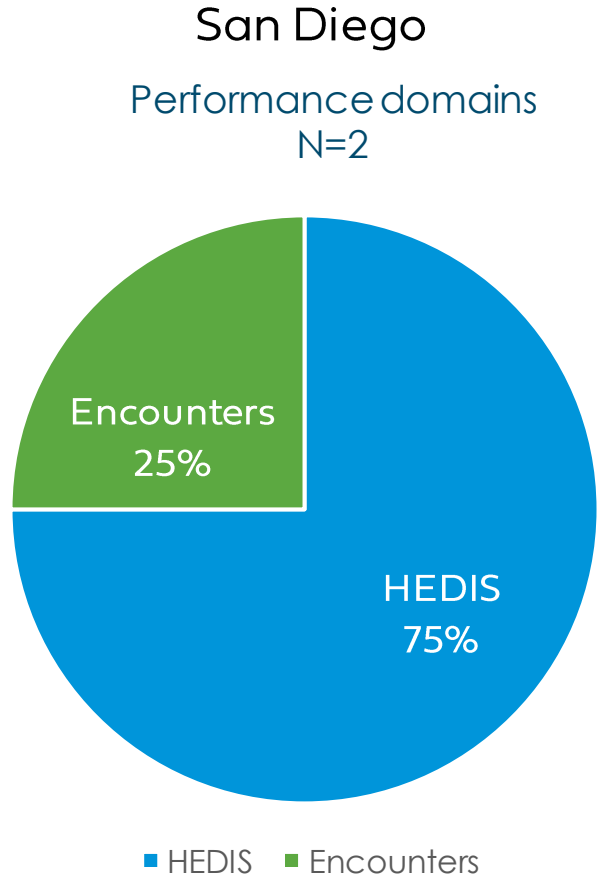
Member Experience - SD

Bonus incentives:

Testing Blue Shield Promise rolling mock CAHPS
+
Access to Care Improvement Activity Bonus

Social Determinants of Health (SDOH)

DHCS Z-Code



Member Experience - LA
L.A. Care CG-CAHPS result

Bonus incentives:

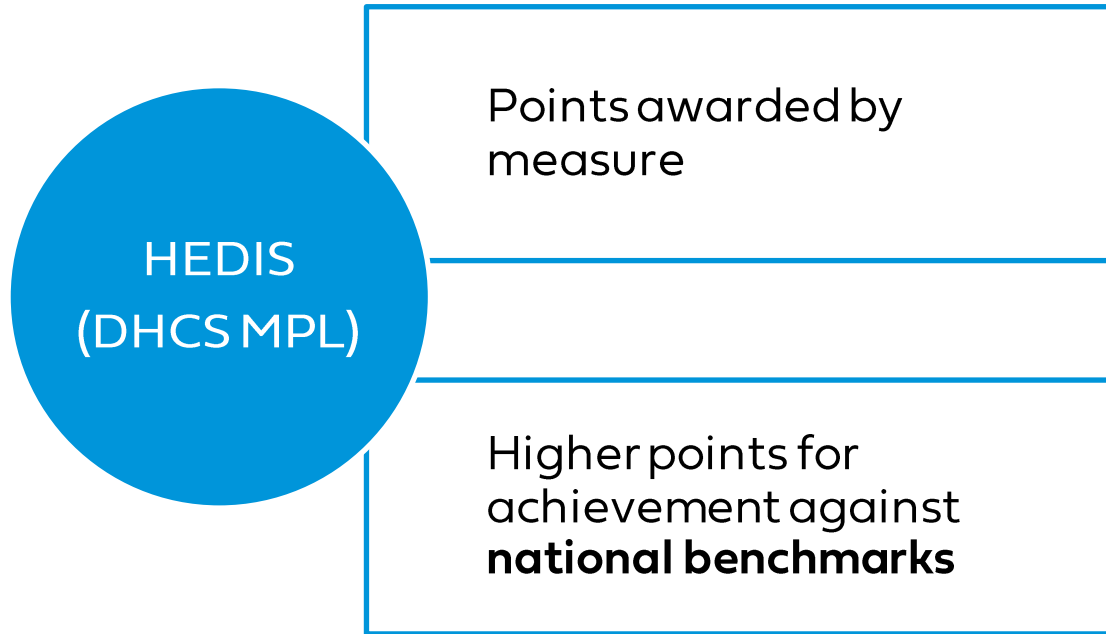
Testing Blue Shield Promise rolling mock CAHPS
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Social Determinants of Health (SDOH)

DHCS Z-Code

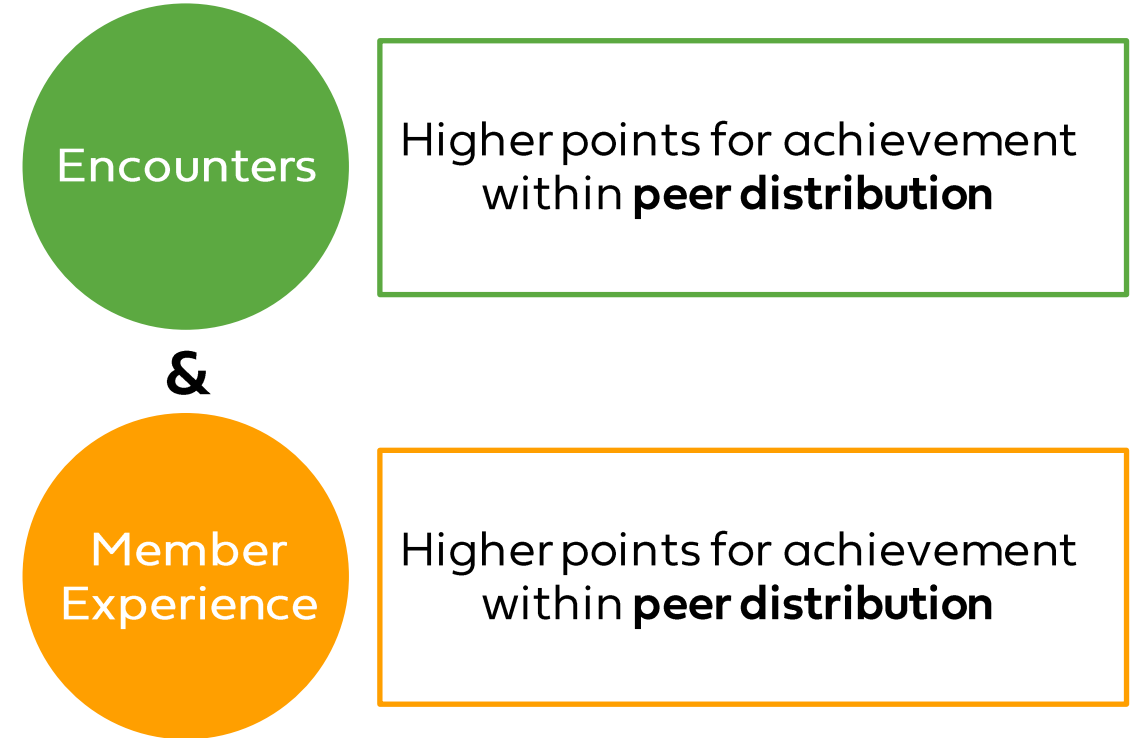


PQPI scoring methodology overview



| National NCQA HEDIS percentiles | | | | | | | |
|---------------------------------|------------------|------------------|--------------------|------------------|---------------------|------------------|----------------------------|
| 5th and below | 10 th | 25 th | 33.3 rd | 50 th | 66.67 th | 75 th | 90 th and above |

Points awarded on a scale by measure



| Peer distribution for MY22 | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|
| 1 st Quartile | 2 nd Quartile | 3 rd Quartile | 4 th Quartile |

Points awarded by quartile (no scale)



Encounters domain

San Diego

| Peer Performance Distribution by Quartile | | | | | | | |
|---|---------------------|--|-----------------|----------------|-----------------|----------------|----|
| Measure | Measure Description | First Quartile | Second Quartile | Third Quartile | Fourth Quartile | Maximum Points | |
| Encounters | Timeliness | Percentage of Total Encounters Received 31-60 Days from DOS | 0 | 1 | 2.5 | 3 | 3 |
| | | Percentage of Total Encounters Received 0-30 Days from DOS | 0 | 3.5 | 5 | 7 | 7 |
| | Accuracy | Accuracy measurement, 95% or greater | 0 | 5 | 7 | 10 | 10 |
| | Resubmissions | Percentage of total encounters resubmitted within 10 days of notice received (277CA) | 0 | 2.5 | 4 | 5 | 5 |
| Total Encounter Points | | | | | | 25 | |

Los Angeles

| Peer Performance Distribution by Quartile | | | | | | | |
|---|---------------------|--|-----------------|----------------|-----------------|----------------|---|
| Measure | Measure Description | First Quartile | Second Quartile | Third Quartile | Fourth Quartile | Maximum Points | |
| Encounters | Timeliness | Percentage of Total Encounters Received within 30 Days of DOS | 0 | 3 | 5 | 6 | 6 |
| | Accuracy | Accuracy measurement, 95% or greater | 0 | 3 | 5 | 6 | 6 |
| | Resubmissions | Percentage of total encounters resubmitted within 10 days of notice received (277CA) | 0 | 1.5 | 2 | 3 | 3 |
| Total Encounter Points | | | | | | 15 | |

Measures and payment

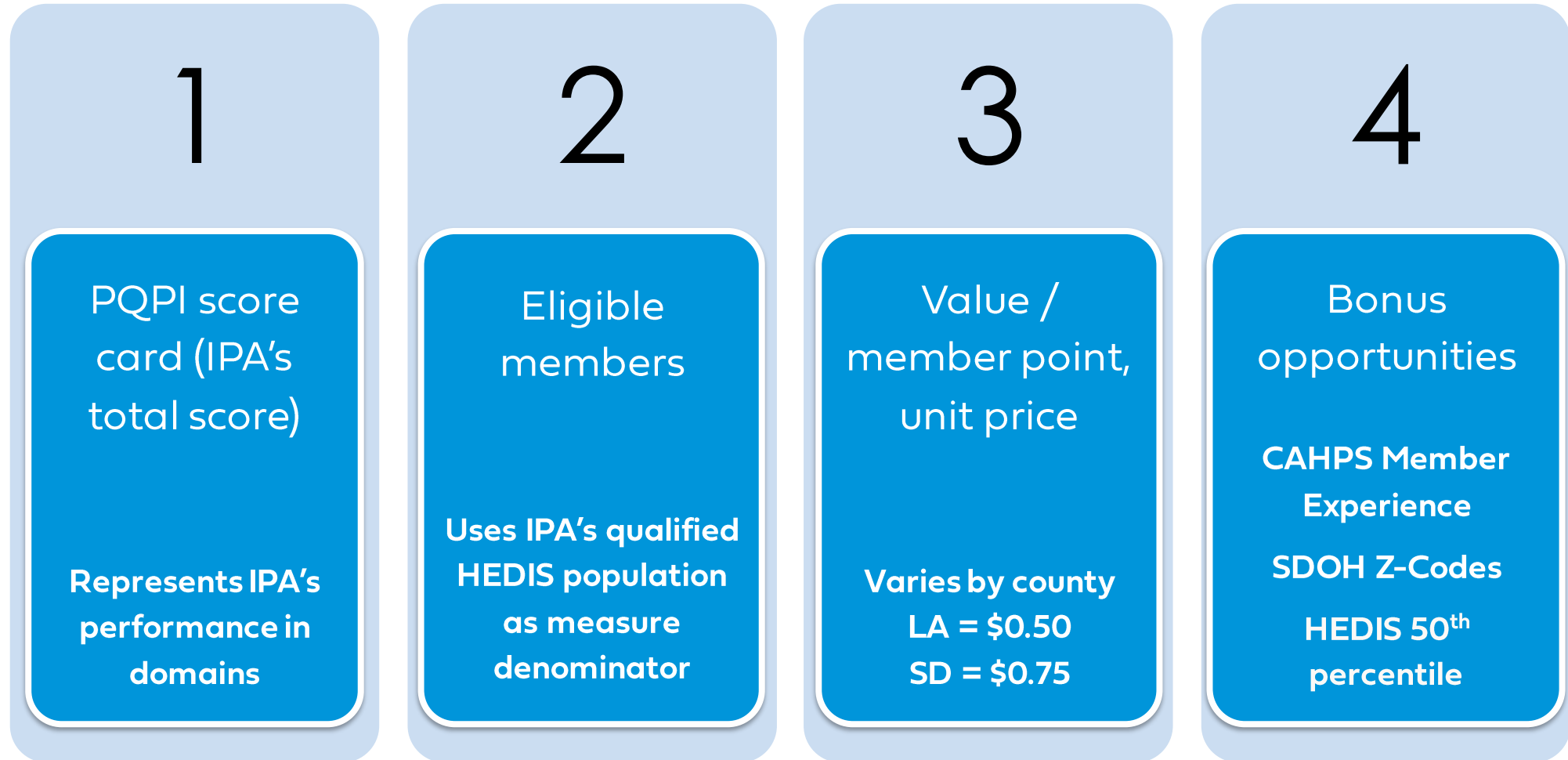
- Data generated and analyzed by Medi-Cal Informatics team is based on claims and encounter data.
- NOTE: Minimum of 15 encounters in the denominator to be reported.

Scoring

- Final scores are calculated relative to peer distribution by quartile.
- Higher points** for achievement within peer distribution.

Incentive payments

- The PQPI incentive payout amount is based on four components:



Resources

| Action | Contact information |
|--|---|
| Encounter-related questions Email: EPE@blueshieldca.com | <ul style="list-style-type: none"> • Unsolicited 277C Transaction for Adjudicated Encounters Standard Companion Guide • EDI Blue Shield Promise Companion Guide • EDI Blue Shield Companion Guide |
| Provider incentives questions | Email: providerincentives@blueshieldca.com |
| Blue Shield Provider Connection website | blueshieldca.com/provider (Log in required for authenticated tools.) |
| Provider Connection Reference Guides (No log in required) <ul style="list-style-type: none"> • How to use tools and resources on the website. | <ul style="list-style-type: none"> • Blue Shield • Blue Shield Promise |
| Provider Customer Service (For general help.) | <ul style="list-style-type: none"> • Blue Shield Phone: (800) 541-6652 • Blue Shield Promise Phone: (800) 468-9935 <ul style="list-style-type: none"> • Live chat from Provider Connection Contact us page after login. |
| Provider Information & Enrollment (For network inquiries, credentialing, etc.) | <ul style="list-style-type: none"> • Email: bscproviderinfo@blueshieldca.com • Phone: (800) 258-3091 |
| Blue Shield & Blue Shield Promise | HEDIS® Guides – no log in required. |
| Medi-Cal Rx provider portal | https://medi-calrx.dhcs.ca.gov/provider |
| DHCS Medi-Cal website | Website provides important information for all Medi-Cal providers, submitters and others on how to access FFS billing, transaction and support services. |
| AuthAccel (Claims section) | AuthAccel online authorization training |





Thank you



Blue Shield of California and Blue Shield of California Promise Health Plan
are independent licensees of the Blue Shield Association