



YOUR GUIDE TO PROGRAMS AND REWARDS

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Inside this Issue

Aligning BlueCare Tennessee Quality Initiatives
With Clinic Operations

A Clinical Focus

Insight Into the Patient Experience

Improving Quality: Colorectal Cancer Screening (COL-E)

Follow-Up After Emergency Department Visit for
Substance Use Disorder (FUA)

Explore the Differences Between EPSDT- and
HEDIS-Compliant Well-Child Exams

Converting Sports Physicals to Well-Child Visits



Aligning BlueCare Tennessee Quality Initiatives With Clinic Operations

VIP Children’s Clinics: Pioneering Quality Care in Northern Middle Tennessee

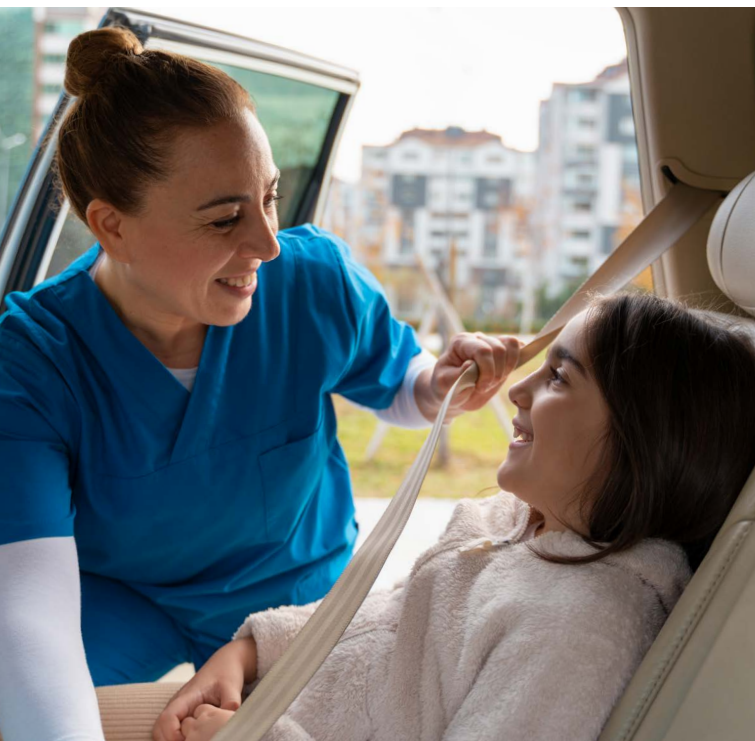
At VIP Children’s Clinics, quality care isn’t just a goal; it’s a fundamental part of their operations. Dr. Catherine Wiggleton, Pediatrician and Chief Quality Officer, and Kellie Maze, Director of Operations, have been at the forefront of integrating quality initiatives with clinic operations to ensure the best outcomes for their patients.

Aligning Quality With Operations

The clinics have developed key strategies to engage with both members and providers. One of their primary approaches is a robust outreach program designed to close gaps in care. Dr. Wiggleton emphasizes the importance of educating and reinforcing preventive care at every patient visit. This includes screening every patient for flu vaccine status and ensuring they’re up to date on well visits.

Comprehensive Case Management

The clinic’s case management program is tailored to address the medical and social needs of high-risk and vulnerable patients. As part of the Patient-Centered Medical Home (PCMH) program in Tennessee, VIP Children’s Clinics focus on meeting each patient’s social needs.



Success Stories

One of the standout success stories from VIP Children’s Clinics is their drive-thru flu vaccine clinics. Initiated during the pandemic, these clinics have provided a safe and convenient way for patients and families to receive their flu shots without entering the clinic. This initiative has become a highly anticipated event each flu season, with patients looking forward to it and even asking about it in advance.

Another significant achievement is their partnership with BlueCare Tennessee and the PCMH program, which enabled the clinic to hire a social worker. This social worker collaborates with underserved communities on social determinants of health, such as food and housing resources. The funding from BlueCare Tennessee and the PCMH program has fundamentally changed the way VIP Children’s Clinics provide care, making it more comprehensive and supportive.

“The funding we receive from BlueCare Tennessee and the PCMH program changed the way we provide care. At first, we weren’t sure what it would look like to partner with payers in this way,” said Dr. Wiggleton. “But I think our providers would agree that we can’t imagine what our care would look like without that additional support.”

Promoting Preventive Care

The clinics have also been proactive in promoting the human papillomavirus (HPV) vaccine as a cancer prevention measure. By starting conversations about the HPV vaccine at age 9, they aim to increase early initiation and completion rates.

About the PCMH Program

The PCMH model is a holistic approach to patient care directed by a primary care provider (PCP). The goal is to prevent unnecessary hospital and ER visits by coordinating with other providers to deliver the right care in the right place and time. For more information about the PCMH model and VIP Children’s Clinics’ initiatives, please visit the [state’s PCMH webpage](#).

A Clinical Focus

Insight Into the Patient Experience

Patient Experience: What It Is and Why It Matters

Gaining insight into how your patients feel about their health care experience can benefit both you and them. When patients are highly satisfied with their provider's customer service, communication and coordination of care, they're more engaged, have higher adherence rates and feel more confident in the care they receive.

That's why the Consumer Assessment of Healthcare Providers & Systems (CAHPS®) annual survey, conducted by an outside entity, is so important to primary care and specialist providers, as well as health plans. This anonymous survey is used by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS) to evaluate the care and services provided to your patients.

Patient experience surveys are often mistaken for customer satisfaction surveys. They focus on how a patient experiences or perceives key aspects of their care, rather than how satisfied they are with their care. These surveys ask patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding their medication instructions and the coordination of their health care needs.

All of our lines of business measure member experience using some version of the CAHPS survey. Each year between March and June, randomly selected members are asked to complete a survey about their health care experiences. Please encourage your patients to participate in all surveys sent by us and outside organizations so we can better identify opportunities for improvement across the health care continuum.



Improving Patient Experience Scores

Your interactions with patients directly impact their CAHPS survey responses. Below are some CAHPS survey questions with **tips to enhance the patient's care experience**:

In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?

- › Allow online scheduling and send upcoming appointment reminders by text or phone calls.
- › Educate patients on appropriate sites of service, such as routine versus urgent care, availability of after-hours clinics and when they should seek care at an ER.
- › Complete our provider surveys, such as Provider Satisfaction and Wait Time Surveys, to communicate your preferences and common wait times for routine/urgent care appointments so we can continue to work with you to improve our processes.

In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- › Before each patient visit, review the reason for the visit and determine if you need to follow up on any health issues or concerns from previous visits, including lab results and referrals to specialists.
- › Discuss any recent specialty care, hospital admissions or ER visits and the treatment plan they received.

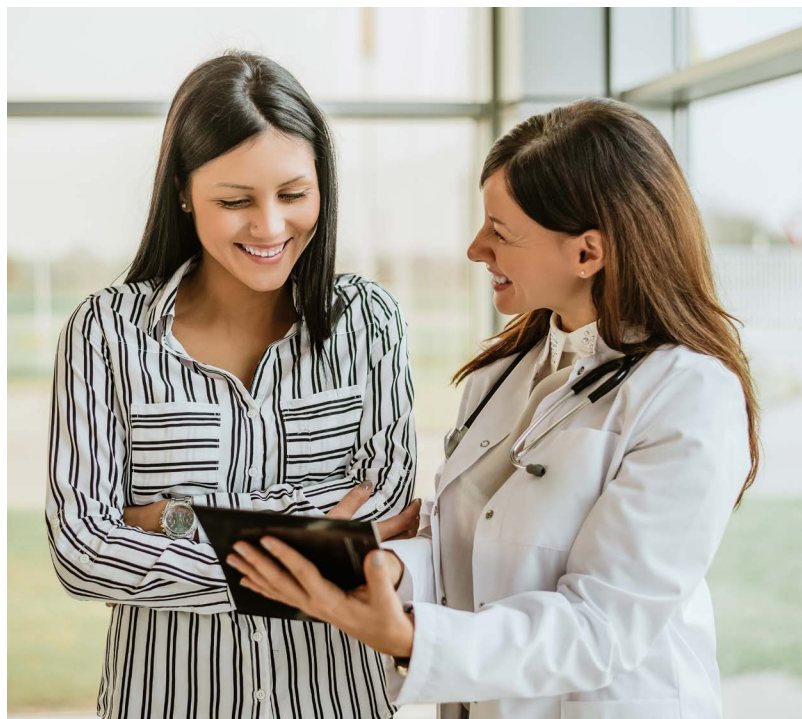
In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?

- › Ask patients about other providers they're seeing, or if they've been in the hospital or ER. When referring to a specialist, explain the referral reason and the specialist's role in their treatment. Help coordinate appointment scheduling and the transfer of records rather than assigning these tasks to the patient. Educate patients on timeframes for obtaining specialist appointments depending on their symptoms. Discuss, and plan for, possible appointment delays. To help avoid delays, consider suggesting multiple specialists in the patient's network.
- › Establish follow-up processes with specialists to ensure results are received within a specific timeframe after a patient's appointment. Follow up with patients by phone after visits to answer questions and address any challenges with filling prescriptions, completing lab work or attending specialist visits.

Building Trusted Relationships

Trust is a key component in building relationships with patients and achieving treatment success. Consider these tips to help you build trust and assure patients you're actively engaged in their care:

- › Make eye contact and spend time listening.
- › Avoid medical jargon and explain things in ways that are easy to understand.
- › Respect each patient's thoughts and beliefs while encouraging conversations.
- › Use the teach-back method: ask patients to explain what they need to do in their own words.
- › Discuss the services they received from other providers.



Striving for a "10" in Pursuit of Better Patient Outcomes

Every interaction can impact a patient's perception of their care delivery and overall experience. Long-term, a patient's retention with a provider, their choices to seek care and their overall health outcomes can be dependent upon these health care experiences. The CAHPS survey asks members to score their personal doctors and specialists on a scale of 0-10, with "0" being the "Worst personal doctor/specialist possible" and "10" being the "Best personal doctor/specialist possible." To help ensure a "10" experience during each patient interaction, providers and their staff should always consider:

- › Has our office addressed all of my patient's needs/concerns?
- › Are their next steps clearly understood?
- › Has our office earned the trust of our patient?
- › Has our office provided the best possible experience for our patient today?

By striving for a "10" in every interaction, providers and staff can help meet patient needs, establish trust, maintain treatment compliance and achieve better health outcomes through the provider-patient relationship.

Improving Quality: Colorectal Cancer Screening (COL-E)

We can make an impact on the health of your patients by working together to encourage your patients to have a colorectal cancer screening.

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the third most common cause of cancer-related deaths. It ranks second in cancer-related deaths in men younger than 50 years of age. More than half of all CRCs are attributed to modifiable risk factors, and a large proportion of CRC incidence and mortality is preventable through regular screening, surveillance and quality treatment.

There are disparities in incidence and mortality among racial and ethnic minorities. Inequalities in screening, follow up and treatment may contribute to these disparities.

Support and Tips for Success

We support your efforts by raising awareness with clinical reminders, patient education and preventive opportunities that encourage colorectal cancer screenings. We know you're committed to providing quality care, so we're including the following information and tips to help you be as successful as possible.

A Screening Colonoscopy — Under most benefit plans, a **screening colonoscopy is covered at 100%**.

- › Colonoscopy during the measurement year or the nine years prior – CPT® 44388-44392, 44401-44408, 45378-45393, 45398 (every 10 years)

While colonoscopy is the gold standard, any of the following screening types will close the measure:

- › **Flexible sigmoidoscopy** during the measurement year or the four years prior: 45330-45335, 45337-45338 (every five years).
- › **CT Colonography** during the measurement year or the four years prior: 74261-74263 (every five years).

The U.S. Preventive Services Task Force (USPSTF) now recommends colorectal cancer screening start at age 45, since incidence is rising in younger adults. NCOA updated the Healthcare Effectiveness Data and Information Set (HEDIS®) Colorectal Cancer Screening measure to align with the updates to the USPSTF guidelines.

The current Colorectal Cancer Screening (COL-E) measure focuses on members ages 45-75 who had the appropriate COL screening.

At-home screening using FIT tests is another option for patients reluctant to schedule a colonoscopy.

- › **Stool DNA (sDNA) with FIT test** can be performed during the measurement year or the two years prior: 81528 (every three years). This is different from the plain FIT testing – this testing uses DNA.
- › **Fecal occult blood testing (FOBT)**, including fecal immunochemical testing (FIT): 82270, 82274 requires only one stool sample (yearly). (If using guaiac-based testing, three samples are required.)

Documentation in the medical record must include a note indicating the date the colorectal cancer screening was performed. A result isn't required if the documentation is clearly part of the patient's medical history section of the record. If this isn't clear, you must include the result or findings. This ensures the screening was performed and not just ordered. The length of time the gap closes is based on the type of screening performed.

Exclusions:

- › Patients in hospice
- › Patients in palliative care or who had an encounter for palliative care
- › Patients with colon cancer or history of colon cancer
- › Patients with a total colectomy
- › Patients 66 years and older with both advanced illness and frailty diagnoses (at least two indications of frailty diagnoses with different dates of service during the measurement year)
- › Patients who died any time during the measurement year

Sources:

Colorectal Cancer Facts & Figures 2023

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Follow-Up After Emergency Department Visit for Substance Use Disorder (FUA)

ERs play an important role in providing immediate and urgent care for patients with substance use disorders (SUD). Coordination of care following a high-risk substance use event helps connect these patients to further care for their SUD to improve health outcomes and quality of life.

The FUA measure looks at the percentage of ER visits for patients 13 years and older with a principal diagnosis of SUD, or any diagnoses of drug overdose, with a follow-up visit within seven days and 30 days after the ER visit. Telehealth visits may be used, and the visit can be with any practitioner if the claim includes an SUD diagnosis.

In 2022, 48.7 million Americans over 12 years of age (about 17.3% of the population) were classified as having an SUD. Between 2018 and 2021, the use of ER services for substance use increased 39%, and the rate of ER visits related to substance use went up from 74.4 to 103.8 visits per 10,000 patients (NCQA.org).

Consider these tips to help meet the FUA measure:

- › Develop collaborative relationships between ER and SUD care providers.
- › Implement and refer to evidence-based care, such as medication-assisted treatment for opioid use disorders (OUD).
- › Contact patients as soon as you're notified of their ER visit.
- › Use Certified Peer Recovery Specialists (CPRS) to help patients in their transition of care.
- › Encourage patients to bring their discharge paperwork to their first follow-up appointment.
- › Educate patients about the importance of follow-up appointments and adherence to treatment recommendations.
- › Consider maintaining regular appointment availability for patients with recent ER visits to help them get an appointment in the recommended timeframe.
- › Use the same diagnosis for SUD at each follow-up visit.
- › Coordinate care between behavioral health and medical providers.

Explore the Differences Between EPSDT- and HEDIS-Compliant Well-Child Exams

TennCare Kids Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams have reporting criteria and eligibility requirements that differ from the HEDIS measures for well-child performance. Here's what you need to know.

EPSDT Visits

Children and adolescents enrolled in BlueCareSM or TennCare*Select* are eligible for TennCare Kids exams until they turn 21. The schedule for EPSDT exams follows the **Bright Futures/American Academy of Pediatrics Periodicity Schedule**.

The fiscal year for EPSDT visits begins Oct. 1 and ends Sept. 30 of the following year.

HEDIS Quality Measures

Two performance measures apply to well-child checkups: Well-Child in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV). These measures determine if children and adolescents get the appropriate number of well-child visits during the measurement year for their age.

W30 has two reported rates, which evaluate whether children get the correct number of well-child visits with a PCP on or before age 15 months and between ages 15-30 months.

WCV evaluates the rate of children and adolescents between ages 3 and 21 who receive an annual wellness visit with a PCP or OB/GYN during the measurement year.

For more information about HEDIS measures for well-child care, see the **BlueCare Tennessee Quality Program Measures Guide**. To learn more about EPSDT exams and coding EPSDT visits, please refer to our **TennCare Kids Tool Kit**.

Best Practices for Well-Child Care

Consider these tips to help ensure children in our state get needed preventive care.

- › Review your patient roster in the Quality Care Rewards application to find out which patients are past due for services. Then, contact them to schedule an appointment.
- › Administer vaccines during well-child visits. You can use a scheduled well-child visit to make sure patients are up to date and catch them up on any past due vaccinations.
- › Combine visits for well-child and acute care as appropriate. TennCare Kids guidelines allow reimbursement for a well-child exam performed at the same time as office visits for other services.
- › Consider alternate or extended office hours. Offering evening or weekend hours, for example, may make it easier for busy families to visit your office.

- › Perform “inter-periodic” screenings when needed. TennCare Kids guidelines also allow for exams that fall outside of the state’s periodicity schedule when medically appropriate and to help ensure children and teens get preventive care.
- › Make a full year of appointments for newborns during their first visit. This not only helps new parents plan for upcoming visits, but also keeps a plan of care in place if a checkup is missed. For children 2 years and older, schedule the next well-child exam at the end of each appointment.
- › Schedule sibling visits on the same day. When possible, consider extending appointment times to allow you to see siblings at one visit or scheduling siblings in back-to-back appointment slots.
- › Coordinate care with other providers. Coordinated care is essential to healthy outcomes, but it can be difficult when PCPs don’t know when patients see other providers. Help bridge this gap and ensure you have a complete health history for each patient in your files by:
 - › Asking patients (or their parents/guardians) if they’ve recently visited the ER or a specialist.
 - › Discussing services and medications they’ve received elsewhere.
 - › Contacting their other providers to request information about test results and treatment plans.

Converting Sports Physicals to Well-Child Visits

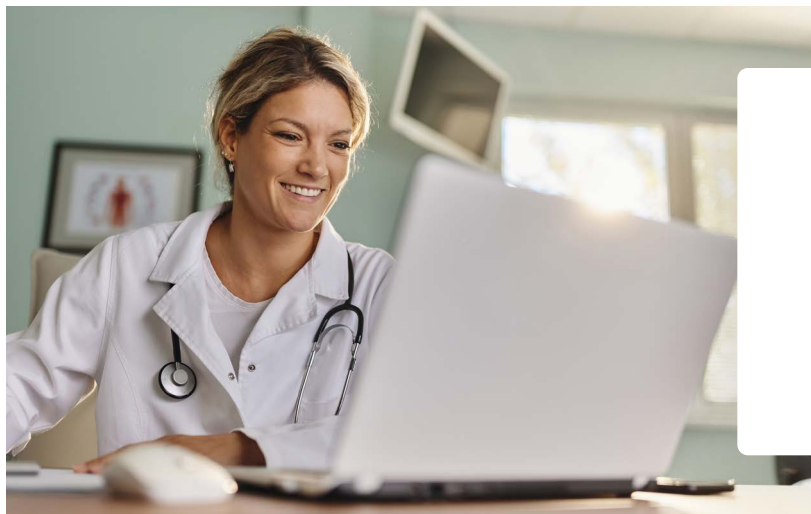
Sometimes, patients go several years between well-child visits. This is especially true for teens and young adults. But sports season is a great time to turn sports physical visits into well-child visits.

Stand-alone sports physicals and their corresponding codes aren’t covered for BlueCare Tennessee members. But if a patient is due for a checkup, you can convert the sports physical to a well-child exam. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) well-child exams cover everything needed for a sports physical.

Children and adolescents enrolled in BlueCare or TennCare*Select* are eligible for TennCare Kids exams until they turn 21. The schedule for EPSDT exams follows the **Bright Futures/American Academy of Pediatrics Periodicity Schedule**.

Know a patient that needs transportation?

Your patients’ BlueCare Tennessee benefits include no-cost transportation to and from TennCare-covered services and the pharmacy. They can learn more and schedule transportation online at member.verida.com.



Coming Soon: 2025 EPSDT Virtual Training

We’ll host our first EPSDT virtual training of 2025 in June. Watch the BlueAlertSM for more information.

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