
ADMINISTRATIVE BULLETIN: 2022–12–001

Date: December 1, 2022

Effective Date: February 1, 2023 (*Unless otherwise indicated*)

Topics covered in this Administrative Bulletin are applicable to:

Professional and Facility Providers

- [2023 QualityFirst Primary Care Recognition ProgramSM Measures](#)
- [Final Gap Closure Submission Dates for 2022 Performance Year](#)
- [Medically Unlikely Edits \(MUE\) Enhancement Alert – Commercial Only](#)
- [New and Revised Preventive Services](#)

Professional Providers Only

- [Specialist Needed for Capital Blue Cross Credentialing Committee](#)
- [2023 Commercial and Medicare Gaps in Care Measures](#)

Unless otherwise noted, if you have any questions regarding the information in this bulletin, please contact your Provider Engagement Consultant or visit capbluecross.com/wps/portal/cap/provider/pec-look-up and enter your NPI or Tax ID to identify your designated point of contact at Capital Blue Cross.

Professional and Facility Providers

2023 QualityFirst Primary Care Recognition ProgramSM Measures

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Traditional and Comprehensive | <input checked="" type="checkbox"/> POS | <input type="checkbox"/> Medicare Advantage PPO |
| <input checked="" type="checkbox"/> CHIP | <input checked="" type="checkbox"/> EPO | <input checked="" type="checkbox"/> HMO |
| <input checked="" type="checkbox"/> PPO | <input type="checkbox"/> Medicare Advantage HMO | |
| <input checked="" type="checkbox"/> New Information | <input type="checkbox"/> Updated Information | <input type="checkbox"/> Reminder |

KEY POINT: Included below are the measures for the 2023 QualityFirst Primary Care Recognition Program.

For those providers eligible for the QualityFirst Primary Care Recognition Program, the 2023 measures are listed below. As with our other value-based programs, to close gaps for performance year 2023, measures that can be closed via medical record submission can be submitted via Theon[®] after the annual conversion in spring 2023.

RETAIN A COPY OF THIS ADMINISTRATIVE BULLETIN WITH YOUR PROVIDER MANUAL

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company[®], Capital Advantage Assurance Company[®], and Keystone Health Plan[®] Central. Independent licensees of the Blue Cross Blue Shield Association serving 21 counties in Central Pennsylvania and the Lehigh Valley. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

QualityFirst Primary Care Recognition Program Measures
Antidepressant Medication Management – Continuation Phase
Appropriate Testing for Pharyngitis
Appropriate Treatment for Upper Respiratory Infection
Asthma Medication Ratio
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
Breast Cancer Screening
Cervical Cancer Screening
Child and Adolescent Well-Care Visits
Childhood Immunization Status – Combination #10
Chlamydia Screening in Women
Colorectal Cancer Screening
Comprehensive Diabetes Care – Blood Pressure Control (< 140/90)
Controlling High Blood Pressure
Eye Exam for Patients with Diabetes #
Hemoglobin A1c Control for Patients with Diabetes ^
Immunizations for Adolescents – Combination #2
Statin Therapy for Patients with Cardiovascular Disease – Received Therapy
Statin Therapy for Patients with Cardiovascular Disease – Adherence 80%
Statin Therapy for Patients with Diabetes – Adherence 80%
Use of Imaging Studies for Low Back Pain
Well-Child Visits in the First 30 Months of Life
Weight Assessment and Counseling for Children/Adolescents – BMI Percentile
Acute Hospital Utilization – Total Acute – O/E Ratio *
Emergency Department Utilization – O/E Ratio *
Plan All-Cause Readmissions (Commercial) – O/E Ratio *

* Utilization Measures

Name changed from “Comprehensive Diabetes Care – Eye Exams”

^ Name changed from “Comprehensive Diabetes Care – HbA1c Control (< 8%)”

Final Gap Closure Submission Dates for 2022 Performance Year

<input checked="" type="checkbox"/> Traditional and Comprehensive	<input checked="" type="checkbox"/> POS	<input checked="" type="checkbox"/> Medicare Advantage PPO
<input checked="" type="checkbox"/> CHIP	<input checked="" type="checkbox"/> EPO	<input checked="" type="checkbox"/> HMO
<input checked="" type="checkbox"/> PPO	<input checked="" type="checkbox"/> Medicare Advantage HMO	
<input checked="" type="checkbox"/> New Information	<input type="checkbox"/> Updated Information	<input type="checkbox"/> Reminder

KEY POINT: Included below are important dates for medical record submission and claims processing for inclusion in 2022 Provider Incentive Programs.

In order to get credit for gaps closed in any of the value-based programs, providers must be aware of the deadlines for submitting supplemental data and claims. **January 15, 2023, is the final date for medical record submission** through the Theon® platform Care Collaborator® module to guarantee inclusion in Measurement Year 2022 Provider Incentive Programs closeout runs. Claims for Measurement Year 2022 (dates of service January 1, 2022, through December 31, 2022) must be submitted and adjudicated within Capital Blue Cross' system by January 31, 2023, to be included in the year-end closeout runs for Provider Incentive Programs.

To meet National Committee for Quality Assurance (NCQA) requirements, no extensions will be granted. Documentation submitted after January 15, 2023, will continue to be processed, but will not count for Measurement Year 2022 Provider Incentive Programs. Please remember that documentation must be submitted through Theon or dedicated fax (717.346.3758) and must meet the NCQA Healthcare Effectiveness Data and Information Set (HEDIS®) Measurement Year 2022 requirements.

Medically Unlikely Edits (MUE) Enhancement Alert – Commercial Only

<input checked="" type="checkbox"/> Traditional and Comprehensive	<input checked="" type="checkbox"/> POS	<input type="checkbox"/> Medicare Advantage PPO
<input checked="" type="checkbox"/> CHIP	<input checked="" type="checkbox"/> EPO	<input type="checkbox"/> HMO
<input checked="" type="checkbox"/> PPO	<input type="checkbox"/> Medicare Advantage HMO	
<input checked="" type="checkbox"/> New Information	<input type="checkbox"/> Updated Information	<input type="checkbox"/> Reminder

KEY POINT: Capital Blue Cross is updating how our claims system processes payment when a provider bills over the MUE units for a procedure code.

Effective November 20, 2022, Capital Blue Cross enhanced the Medically Unlikely Edits (MUE) to address when the units of service reported on the same service date exceed the MUE value and are reported on two separate lines. This change pertains only to Commercial claims when the units of services up to the MUE value are reported on one line, and the units of service over the MUE value are reported on the subsequent line. Please note, if all units are submitted on one line, the entire line will continue to deny. Please see the examples below:

Correct

- Line 1 – Procedure 86317, 6 units (MUE is 6)
- Line 2 – Procedure 86317, 2 units (excess units will deny)

Incorrect

- Line 1 – Procedure 86317, 8 units (will deny all units)

Incorrect

- Line 1 – Procedure 86317, 2 units
- Line 2 – Procedure 86317, 6 units (will deny)

This change is for Commercial professional and facility claims only. Medicare Advantage claims will continue to process in accordance with Centers for Medicare & Medicaid Services (CMS) guidelines.

New and Revised Preventive Services

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Traditional and Comprehensive | <input checked="" type="checkbox"/> POS | <input type="checkbox"/> Medicare Advantage PPO |
| <input checked="" type="checkbox"/> CHIP | <input checked="" type="checkbox"/> EPO | <input checked="" type="checkbox"/> HMO |
| <input checked="" type="checkbox"/> PPO | <input type="checkbox"/> Medicare Advantage HMO | |
| <input checked="" type="checkbox"/> New Information | <input type="checkbox"/> Updated Information | <input type="checkbox"/> Reminder |

KEY POINT: Please see below for new and revised preventive services.

Please see below for the following changes in preventive services:

- Revised age recommendation for Anxiety in Children and Adolescents: Screening
- New Preventive Coverage related to Obesity Counseling in Midlife Women
- Revised age recommendation for Hepatitis B Screening in Children
- New age recommendation for Pneumococcal 15-Valent Conjugate Vaccine (PCV15)

Preventive Services	Action
<p>Anxiety in Children and Adolescents: Screening</p>	<p>This new recommendation issued by the U. S. Preventive Service Task Force (USPSTF) recommends Anxiety Screening in Children and Adolescents aged 8 to 18 years.</p> <p>Effective immediately, Capital Blue Cross covers preventive anxiety in children and adolescents: Screening beginning at age 8 years or older.</p>
<p>Counseling in Midlife Women to Prevent Obesity</p>	<p>This new recommendation issued by the Women’s Preventive Services Initiative (WPSI) recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5–29.9 kg/m²) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity. Effective January 1, 2023, Capital Blue Cross will cover preventive obesity counseling in midlife women at no cost to our members.</p> <p>Applicable Procedure Codes: 99401–99404 or integral to comprehensive preventive physical exam or problem-focused office visit.</p> <p>Diagnosis Codes: Z68.1, Z68.2, E66.3</p>

Preventive Services	Action
<p>Hepatitis B Screening for Children</p>	<p>Bright Futures revised the periodicity schedule in July 2022. Hepatitis B screening is now recommended for newborns to 21 years old. Previously, screening was recommended to begin at age 12 years old.</p> <p>Effective January 1, 2023, Capital Blue Cross will cover screenings for this new age group as preventive at no cost to our members.</p>
<p>Pneumococcal 15-Valent Conjugate Vaccine (PCV15)</p>	<p>The Advisory Committee on Immunization Practices (ACIP) updated the recommended use of PCV15 as an option for pneumococcal conjugate vaccination of persons with an age less than (<) 19 years. The use of PCV15 as an alternative to PCV13 is expected to further reduce pneumococcal disease incidence in children and adolescents. Previously, PCV15 was only recommended for adults.</p> <p>Effective immediately, Capital Blue Cross covers PCV15 vaccination in children as preventive at no cost to our members.</p>

*Member eligibility and benefits should be verified to confirm member has coverage for preventive care services.

The [Preventive Services Health Coverage Guidelines](#) will be periodically updated to include new coverage guidance. Guidelines will be updated to include the above information with the next update.

As a reminder, the information provided in these guidelines highlights the preventive care services available as required under the Affordable Care Act. These guidelines are reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS), and other applicable laws and regulations. Accordingly, the content of this document is subject to change.

Professional Providers Only

Specialist Needed for Capital Blue Cross Credentialing Committee

Form with checkboxes for Traditional and Comprehensive, CHIP, New Information, POS, EPO, Updated Information, HMO, PPO, Medicare Advantage PPO, Medicare Advantage HMO, and Reminder.

KEY POINT: Capital Blue Cross is seeking a specialist to join our Credentialing Committee.

Capital Blue Cross is looking for a physician to join our Credentialing Committee. The goal of the committee is to ensure that an organized, objective, and systematic process is used to review credentials of providers that apply for participation in Capital Blue Cross.

Appointed by the Chair of the Credentialing Committee, members must be actively practicing medicine and currently participating in one of Capital’s networks. The Credentialing Committee meets monthly via teleconference every third Thursday at 7:00 a.m. Physician committee members serve a two-year term.

Committee members:

- List of seven bullet points detailing the responsibilities of the Credentialing Committee members, such as reviewing policies, establishing criteria, and handling appeals.

If you are a specialist interested in joining our Credentialing Committee, please email an updated resume to cheryl.dixon@capbluecross.com.

2023 Commercial and Medicare Gaps in Care Measures

Form with checkboxes for Traditional and Comprehensive, CHIP, New Information, POS, EPO, Updated Information, HMO, PPO, Medicare Advantage PPO, Medicare Advantage HMO, and Reminder.

KEY POINT: Included below are the 2023 measures for the Commercial and Medicare Gaps in Care programs.

For those providers eligible for the Commercial and Medicare Gaps in Care programs, the 2023 measures are included on the following page. As with our other value-based programs, to close gaps for performance year 2023, measures that can be closed via medical record submission can be submitted via Theon® after the annual conversion in spring 2023.

Gaps in Care Program Measures	Commercial	Medicare
Breast Cancer Screening	X	X
Cervical Cancer Screening	X	
Child and Adolescent Well-Care Visits	X	
Childhood Immunization Status – Combination #10 *	X	
Chlamydia Screening in Women	X	
Colorectal Cancer Screening	X	X
Comprehensive Diabetes Care – Blood Pressure Control	X	
Controlling High Blood Pressure	X	X
Eye Exam for Patients with Diabetes #	X	X
Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions *		X
Hemoglobin A1c Control for Patients with Diabetes < 8.0 ^	X	
Hemoglobin A1c Poor Control for Patients with Diabetes > 9.0 %		X
Kidney Health Evaluation for Patients with Diabetes	X	X
Lead Screening in Children	X	
Medication Adherence – Diabetes Medication		X
Medication Adherence – Cholesterol		X
Medication Adherence – Hypertension		X
Osteoporosis Screening in Women *		X
Statin Use for Persons with Diabetes		X
Statin Therapy for Patients with Cardiovascular Disease – Received Therapy	X	X
Statin Therapy for Patients with Cardiovascular Disease – Adherence 80%	X	
Statin Therapy for Patients with Diabetes – Adherence 80%	X	
Transitions of Care – Follow-up After Discharge		X
Transitions of Care – Medication Reconciliation		X
Well-Child Visits in the First 30 Months of Life	X	

* New Measure for 2023

Name changed from “Comprehensive Diabetes Care – Eye Exams”

^ Name changed from “Comprehensive Diabetes Care – HbA1c Control (< 8%)”

% Name changed from “Comprehensive Diabetes Care – HbA1c Control ≤ 9%”