

August 24, 2020

<Provider Name>
<Address>
<Address>
<City>, <State> <ZIP code>

Dear Provider,

As a Blue Shield of California Promise Health Plan (Blue Shield Promise) network provider, the care you provide for our members helps us achieve our mission to ensure all Californians have access to high-quality health care at an affordable price. Because of your influence in the lives of our members, we want to support you with essential information about Blue Shield Promise's quality initiatives and guidelines.

The enclosed information highlights our annual quality program guidelines and resources, an example of the way we make available formulary changes that may impact your patients, and details about our disease management and transitional care programs. Please review the information and feel free to call us if you have questions or want to learn more about Blue Shield Promise's quality initiatives and how we want to collaborate with our network providers in ensuring access to quality care.

We value innovations and leadership that drive improved outcomes and significant, sustainable savings for our members and other customers. That is why we're proud to hold health plan accreditations for Medicare and Medi-Cal lines of business by the National Committee for Quality Assurance (NCQA).

If you have questions or would like to learn more about how we want to collaborate with our network providers in ensuring access to quality and affordable care for Blue Shield Promise members, please call us, using our dedicated provider telephone number, **(800) 468-9935**, between 8 a.m. and 5 p.m., Monday through Friday.

Thank you for the dedicated and expert care you provide for our Blue Shield Promise members.

Sincerely,



Jamie Chan
Vice President, Clinical Quality
Blue Shield of California
TBSP11120 (8/20)
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Annual Notification Regarding Quality Guidelines and Resources

At Blue Shield Promise, we are committed to providing access to quality care for our members, and to supporting you as you provide health care services. Periodically, we share the information below to ensure you are aware of applicable guidelines and resources that may impact Blue Shield Promise benefits for your patients.

Availability of Criteria

- Providers and members can request copies of any guideline that Blue Shield Promise uses to make a treatment authorization decision by calling our dedicated provider telephone number: **(800) 468-9935** from 8 a.m. to 5 p.m., Monday through Friday.
- **Specific criteria or guidelines are also available to the public upon request, with the following disclosure:** "The material provided to you are guidelines used by this plan to authorize, modify, or deny care for the person with similar illnesses or conditions. Care and treatment may vary depending on individual need and the benefits covered under your contract."

Affirmative Statement on Incentives

Blue Shield Promise encourages appropriate use of medically necessary member care and discourages under-utilization of services. We are committed to practicing the following guidelines:

- Utilization Management decisions are based on how the appropriate care, service, and existence of coverage will benefit the member.
- Blue Shield Promise does not specifically reward practitioners or individuals for issuing denials of coverage or service care.
- Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization.
- Provider organizations and practitioners are not prohibited from acting on behalf of the member.
- Physicians cannot be penalized in any manner for requesting or authorizing appropriate medical care.
- Practitioners are ensured independence and impartiality in making referral decisions that will not influence:
 - Hiring
 - Compensation
 - Termination
 - Promotion
 - Any other similar matters

The Blue Shield Promise Utilization Management department is committed to supporting the delivery of quality care that will result in maintaining or improving the best possible health for our members. We can accomplish continuity of care through thoughtful coordination with contracted medical groups and/or primary care physicians if ambulatory care and inpatient health services are necessary.

Access to Utilization Management Department Staff

Blue Shield Promise provides the following communication services for members and practitioners:

1. We are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding Utilization Management issues.
2. We can receive inbound communication regarding Utilization Management issues after normal business hours.
3. Our representatives are identified by name, title and organization name when initiating or returning calls regarding Utilization Management issues.
4. TDD/TTY service (711) is available to members who have hearing or speech impairment.
5. Language assistance is available to members to aid them in discussing Utilization Management issues with our representatives.

Members' Rights & Responsibilities

Blue Shield Promise annually distributes the *Members' Rights and Responsibilities Statement* to provider organizations and practitioners within our provider manuals. The current provider manuals are available on our website, blueshieldca.com/promise, under Providers, Policies, guidelines, standards and forms.

The *Members' Rights and Responsibilities Statement* appears on these pages in the provider manuals:

- Medicare Provider Manual: Section 3.2, pages 29-31
- Medi-Cal Provider Manual: Section 4.1, pages 15-17

Special Needs Plan (SNP) Model of Care Provider Training

The Special Needs Plan (SNP) Model of Care Provider Training will be available soon on our website and includes a detailed overview of the Model of Care. More information about the Special Needs Plan (SNP) is available on our website, blueshieldca.com/promise in the Provider Resources section, under policies and guidelines. To request a hard copy of the training materials, or for additional assistance, please call the **Provider Network Services Department at (800) 468-9935** from 8 a.m. to 5p.m. Monday through Friday.

Blue Shield Promise's summary of the findings of the 2019 SNP Model of Care Evaluation will also be available on our website, blueshieldca.com/promise in the Provider Resources section. A full version of the Evaluation is available upon request.

Population Health Program Update:

Disease Management and Transitional Care Management Programs

At Blue Shield Promise, we want to ensure that you have the right resources to provide care for patients with disease, as well as patients who are transitioning from high-risk conditions to continuing care.

Disease Management

Our Population Health Management team works with you and your patients with high-risk diseases through our Disease Management Program. Prior to 2019, only asthma and congestive heart failure (CHF) conditions were supported by this program. We now provide additional disease management services for chronic obstructive pulmonary disease (COPD) and diabetes. The program is available in Los

Angeles and San Diego counties for Medicare, Medi-Cal, and Cal MediConnect patients. The patient referral form is available on our website, blueshieldca.com/promise.

Transitional Care Management

Our Transitional Care Management Program provides support during a change from one care environment to another, and ongoing care, for patients at the highest risk. The program supports the Medicare Dual Special Needs Plans (DSNP), Cal MediConnect (CMC), and Medi-Cal members with readmissions and length of stay, acuity of admission, co-morbidities, emergency room visits (LACE) score > 10. Medicare SNPs tailor benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve.¹ This program is available in all counties where DSNP, CMC, and Medi-Cal is offered.

In addition, our program includes transitional care management services for congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and readmissions. These additional programs are available in both Los Angeles and San Diego counties for Medicare, Medi-Cal, and Cal MediConnect patients. Based on internal data, the Transitional Care Management Program team determines which patients are candidates for the services. A case management representative then contacts patients to ensure that there is an effective plan in place for those who may benefit from transitional care management. More information is available on our website, blueshieldca.com/promise.

Complex Case Management (CCM)

Blue Shield Promise also offers a Complex Case Management Program (CCM). The program team focuses on members with multiple co-morbidities, as well as those who have experienced multiple hospital admissions and who access multiple pharmacies. The team interacts directly with high-risk members and works closely with their physicians to coordinate care and services. The goals of the program are to help members regain optimal health or improve functional capability, educate members regarding their chronic condition, and reinforce their prescribed treatment plan. The patient referral form is available on our website, blueshieldca.com/promise.

Contact Information

Our Population Health Management team connects members to Blue Shield Promise case managers, social services, Utilization Management, and customer care. The team is available to answer your questions and provide support. If you have any questions regarding these services, contact the team through our dedicated provider telephone number, **(800) 468-9935**, from 8 a.m. to 5 p.m., Monday through Friday.

¹From <https://www.medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/special-needs-plans-snp>