Provider Update:
Blue Shield Home-Based Palliative Care (HBPC) Program
Agenda

- Blue Shield’s Home-Based Palliative Care (HBPC) program overview
- Coding and billing overview
- Operations support
Meet the Blue Shield Palliative Care Team

Dr. Kim Bower
Medical Director

Jenelle Hallock
Senior Manager

Kim Beverly
Clinical Program Manager

LaFiaun Coats
Clinical Program Manager

Ben Scribner
Program Manager

Anna Berens
Program Manager

Kristen Vallone
Program Manager

Eileen Briones
Program Manager

Abisola Latona-Ugbeme
Program Manager
Home-Based Palliative Care (HBPC) program overview
Home-Based Palliative Care (HBPC) program overview

Palliative care is a **standard medical service** offered to all Blue Shield of California members **except** members with Medicare supplemental insurance (Medigap), a PPO Federal Employee Program (FEP), or Shared Advantage.

Members in the HBPC program are **not charged copays or co-insurance** for services provided as part of the program.

**If the patient continues to meet eligibility and there is a medical need**, there is no time limit on HBPC program enrollment.
Member referral

Because palliative care is a primary service, a member can self-refer.

Referrals can also come from other sources, such as:

- Family members
- Case management (Blue Shield and others)
- Provider referral (e.g., primary care physician, specialist)
- Hospital discharge planner
- And you...

Upon receipt of a referral, providers are required to contact the member within three (3) business days.

New in 2021
Verify member eligibility before every encounter

- Log in to Provider Connection and click Eligibility verification from the homepage or Verify Eligibility from the Eligibility & Benefits section.

- Note that Landmark enrollment status displays as part of the search results.

- Eligible plan types = PPO, HMO, Federal Employee Program (FEP) HMO, and MED ADV/MA
- Not eligible plan types = Medicare Supplement, FEP PPO, and Shared Advantage
# HBPC program patient eligibility requirements

## General guidelines
- Have an advanced illness
- Use hospital and/or emergency room (ER) to manage illness
- Willing to attempt home- and office-based management, when appropriate
- Not eligible for or declined hospice care
- Death within a year would not be unexpected
- Willing to participate in advance care planning discussions

## Diagnosis categories
Include but not limited to:
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Advanced cancer
- Liver disease
- Cerebral vascular accident/stroke
- Chronic kidney disease or end stage renal disease
- Severe dementia or Alzheimer’s disease
- Other
• Patients are qualified for the HBPC program via the Eligibility Screening Tool.

• Only members meeting criteria outlined in the tool are eligible for enrollment.

• For members with any medical condition not specifically listed on the Eligibility Screening Tool and categorized as “Other,” you must submit a clinical assessment and the tool to the Blue Shield Palliative Care Team inbox for review before program enrollment.
HBPC Eligibility Screening Tool

Palliative care services screening criteria for program participation

**Member Information**
- Member name
- Date of birth
- Member ID
- Evaluation date

**Referring party information**
- Provider name
- Organization name
- Address
- City
- State
- ZIP code
- Phone number
- Email

For a plan member to be considered for participation in the Home-Based Palliative Care Program, the plan member must meet the following palliative care eligibility screening requirements.

**Section 1: Eligibility criteria for all members**

1a. General eligibility criteria
   - The member must meet all of the general eligibility criteria.
   - The member must be younger than 21 years old. (See Section 2 for broader pediatric eligibility criteria.)

1b. Disease-specific eligibility criteria
   - The member must meet at least one of the four disease-specific eligibility criteria.
     - **Congestive heart failure (CHF):** Must meet (a) AND (b)
       - (a) The member is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned OR meets criteria for the New York Heart Association’s (NYHA) heart failure classification III or higher.
       - (b) The member is in NYHA class III or IV.
   - **Chronic obstructive pulmonary disease (COPD):** Must meet (a) OR (b)
     - (a) The member has a forced expiratory volume (FEV1) of 1 less than 35% of predicted AND a 24-hour oxygen requirement of less than 3 liters per minute.
     - (b) The member has a 24-hour oxygen requirement of greater than or equal to 3 liters per minute.
   - **Advanced cancer:** Must meet (a) AND (b)
     - (a) The member has a stage III or IV solid organ cancer, lymphoma, or leukemia.
     - (b) The member has a Karnofsky Performance Scale score less than or equal to 70% OR has failure of two lines of standard of care therapy (chemotherapy or radiation therapy).

**Section 2: Pediatric palliative care eligibility criteria**

2a. General eligibility criteria
   - The member must meet all of the general eligibility criteria.
   - The member is under the age of 21.
   - The family and/or legal guardian agrees to the provision of pediatric palliative care services.

2b. Disease-specific eligibility criteria
   - The member must meet at least one of the four life-threatening diagnosis criteria.
   - **Liver disease:** Must meet (a) AND (b) combined or (c) alone
     - (a) The member has evidence of irreversible liver damage, serum albumin less than 3.0, or international normalized ratio (INR) greater than 1.3.
     - (b) The member has ascites, subcutaneous bacterial peritonitis, hepatic encephalopathy, hepatic failure syndrome, or recurrent esophageal varices.
     - (c) The member has evidence of irreversible liver damage and has a Model for End-Stage Liver Disease (MELD) score greater than 19.
   - **Cerebral vascular accident/stroke:**
     - (a) Inability to take oral nutrition, change in mental status, history of aspiration or aspiration pneumonia.
   - **Chronic kidney disease (CKD) or end-stage renal disease (ESRD):**
   - **Severe dementia or Alzheimer’s disease:**
   - **Other:**

---

blue shield of california
Your role...

As a servicing provider, you will:

- Evaluate members to determine eligibility
- Enroll members
- Establish the care plan and team
- Engage with treating provider(s)
Program enrollment process snapshot

1. **Determine eligibility**
   - Contact member within 3 business days of referral
   - Verify Blue Shield eligibility in Provider Connection
   - Outreach to member
   - Contact treating provider for additional information
   - **New in 2021**

2. **Enroll member**
   - Complete assessment
   - Email required member information to Blue Shield within 3 business days
   - Submit expedited medical or pharmacy requests

3. **Transition case management**
   - Notify referral source of the member’s enrollment
   - Assume case management responsibility

4. **Create care plan**
   - Build plan based on patient’s needs
   - Submit monthly clinical notes to assigned Blue Shield Clinical Program Mgr.
   - Notify patient’s treating provider(s) when appropriate

Notify referral source of members’ ineligibility and ongoing need for care coordination
Once enrolled...

- The interdisciplinary team (IDT) should meet monthly to review and adjust the care plan, and more often if needed.
  - Each IDT member is expected to contribute to the care plan and team meetings.

- At a minimum, in-person visits by the IDT’s prescribing clinician should take place once every three (3) months or when goals of care change.
  - The number and frequency of in-person, phone or video visits to a specific Blue Shield member in the HBPC program should be based on that patient’s needs.

- Treating provider(s) should be integrated into the care planning process as they desire.
  - Additionally, treating provider(s) should receive regular chart notes and advance care planning documents as completed or revised.

- Notification must be submitted to Blue Shield within three (3) business days after disenrollment.

**New in 2021**

Include the Blue Shield HBPC Clinical Program Manager assigned to your team in each member’s monthly IDT meeting.
FAQ 1.

If the patient is admitted to a hospital or a skilled nursing facility, do we discharge them from the HBPC program?

- No, the patient should not be discharged from the program.
  - Continue to monitor the patient’s status, coordinate care with the hospital or facility staff, and remain in contact with the patient’s caregiver/decision-maker.
FAQ 2.

If the patient resides in a nursing home, do we discharge the patient from the HBPC program?

- No, the patient should not be discharged from the program.
  - Patients can receive and benefit from palliative care services if they are in a nursing home under a custodial level of care when they can continue to be seen regularly by the HBPC team.
FAQ 3.

If we evaluate a patient in the hospital, can we admit the patient to the HBPC program?

- **No, the patient cannot be admitted to the program.**
  - Admit the patient to the HBPC program only when he/she is discharged from the hospital and is in a home setting.
  - The enrollment date must reflect the date when the patient is in their home setting.
Blue Shield has established a **home-based palliative care per member per month (PMPM) case rate** to support the HBPC program’s interdisciplinary team approach.

The case rate covers HBPC program services provided during a calendar month.

It is activated the day after the member has been assessed for the HBPC program, deemed eligible, and agreed to join.
Before the case rate is activated

- Use these CPT codes when submitting claims for the palliative care consultation/advance care planning.
  - Including administration of the **HBPC Eligibility Screening Tool** and determination of the PPS rating.

<table>
<thead>
<tr>
<th>Time frame</th>
<th>CPT code</th>
<th>Rev code</th>
<th>Code description</th>
<th>Submitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 30 minutes</td>
<td>99497*</td>
<td>0693†</td>
<td>Advance care planning, face-to-face with patient, family member(s), or surrogate</td>
<td>Any palliative care provider with a Blue Shield contract amendment to provide HBPC program services.</td>
</tr>
<tr>
<td>Additional 30 minutes</td>
<td>99498*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* These CPT codes can be used in conjunction with a standard office visit.
† A revenue code is necessary only for agencies (e.g., home health, hospice) billing via a UB-04 claim form.

- If appropriate, also conduct and bill for an annual wellness visit/PPPS development using CPT code G0438.
After the case rate is activated

- Once the case rate is activated, use CPT code S0311 to submit claims for any home-based palliative care provided to Blue Shield members:

<table>
<thead>
<tr>
<th>CPTcode</th>
<th>Rev code</th>
<th>Code description</th>
<th>Submitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>S0311*</td>
<td>0699†</td>
<td>Comprehensive management and care coordination for advanced illness, per calendar month</td>
<td>Any provider who has a contract amendment with Blue Shield to provide palliative care services</td>
</tr>
</tbody>
</table>

* Defined as “Pre-hospice/Palliative Care Services.”
† A revenue code is necessary only for agencies (e.g., home health, hospice) billing via a UB-04 claim form.

- If appropriate, continue to code separately for the member’s annual wellness visit, using CPT code G0439.
- **Claims must be submitted monthly; no quarterly or bulk submissions.**
Coding and billing tips: Initial invoice

The CPT codes used before and after case rate activation **can’t be billed on the same day** or they will be rejected. To guard against this, follow these guidelines:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Tip</th>
</tr>
</thead>
</table>
| **CPT prior to enrollment**  | • Use CPT codes 99497 and 99498 for assessment and consultation provided prior to HBPC program enrollment.  
  ▪ Be sure to include dates of service. |
| **CPT after enrollment**     | • Use the case rate CPT code S0311 on the day following member enrollment in the HBPC program.  
  ▪ Use moving forward until member disenrolls from the HPBC program.  
  ▪ **The admit date field on the claim, MUST always match the date of service field.** |
| **One invoice**              | Submit a single invoice for services provided before and after case rate activation.  
  ▪ You do not need to bill services separately. |
# Coding and billing tips: Facilities

<table>
<thead>
<tr>
<th>Topic</th>
<th>Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UB-04 form</strong></td>
<td>• Facilities should submit claims via a UB-04 form, just like when billing for hospice services.</td>
</tr>
<tr>
<td><strong>Revenue codes</strong></td>
<td>• Use revenue code 0693 for Blue Shield members not yet enrolled in the HBPC program.</td>
</tr>
<tr>
<td></td>
<td>• Use revenue code 0699 for enrolled members.</td>
</tr>
</tbody>
</table>
### Coding and billing tips: CPT & diagnosis codes

<table>
<thead>
<tr>
<th>Topic</th>
<th>Tip</th>
</tr>
</thead>
</table>
| **CPT code S0311**   | • When using CPT code S0311, enter the number one (1) in the “Units” field.  
   ▪ Do not enter the number of days in the billing month (for example, 30).  
   o CPT code S0311 is defined as “Comprehensive management and care coordination for advanced illness, per calendar month.” |
| **Diagnosis code**   | • Submit with the diagnosis code for which the patient is receiving palliative care.  
   ▪ Do not use ICD-10 code Z51.5 (i.e., encounter for palliative care) as the primary diagnosis but include this code on the claim |
Operations support
Provider reporting process

Referral status report

- **Purpose:** Tracking of all referrals
- **Frequency:** Sent from Blue Shield Palliative Care team to providers bi-weekly on Thursday or Friday
- **Provider Response Due:** Following Monday

Utilization report

- **Purpose:** Tracking hospital admissions and ER visits
- **Frequency:** Sent from Blue Shield Palliative Care team to providers monthly
- **Provider Response Due:** None

Member report

- **Purpose:** Tracking member enrollment, disenrollment, and care goals*
- **Frequency:** Sent from Blue Shield Palliative Care team to providers monthly
- **Provider Response Due:** Within a week turn-around time

* Care goals = advance directive, medical decision maker, Portable Medical Orders (POLST), code status
Patient satisfaction survey

• Starting Q1 2021, the Blue Shield Palliative Care team will send electronic patient satisfaction surveys to active members in the program.

• The survey captures patient’s and/or family members’ perceptions about the quality of palliative care received.

• Providers are not included in the survey distribution or collection process.

• The Blue Shield Palliative Care team will disclose the overall patient satisfaction score for each provider during the year-end review.
Certification

- All contracted providers are highly encouraged to obtain palliative care certification from one of the accreditation bodies:
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - Community Health Accreditation Partner (CHAP)
  - Accreditation Commission for Health Care (ACHC)

Why become certified?

- Accountability to an expressed definition of palliative care
- High standard of leadership
- Improve quality
- High standard of patient care
Resources

You will receive a PDF of this deck in about 5 working days. In the appendix, you will find the following to help you serve Blue Shield HBPC program members:

• Links to online resources
• HBPC program contacts
• General Blue Shield contacts
Thank you
An independent member of the Blue Shield Association
## Online resources

<table>
<thead>
<tr>
<th>For</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue Shield Provider Connection</strong></td>
<td>Establish a website account and enroll in EDI.</td>
</tr>
<tr>
<td><strong>Blue Shield Provider Connection</strong></td>
<td>Includes information on how to register on the website, plus instructions and links for how to execute common provider actions.</td>
</tr>
<tr>
<td><strong>Reference Guide</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Blue Shield Independent Physician</strong></td>
<td>Describes administrative guidelines, policies, and procedures for direct-contact Blue Shield network providers of healthcare services</td>
</tr>
<tr>
<td><strong>and Provider Manual</strong></td>
<td>for members of our health plan. HBPC program information is in Section 5.</td>
</tr>
<tr>
<td><strong>Shield Support provider flyer</strong></td>
<td>The 2021 Blue Shield provider manual was sent at the end of October 2020.</td>
</tr>
<tr>
<td><strong>Shield Support member website</strong></td>
<td>A comprehensive, integrated care management program that includes member-focused clinical interventions to optimize health and quality of life.</td>
</tr>
<tr>
<td><strong>HBPC member eligibility screening tool</strong></td>
<td>Compete this form online, save and email it to the Blue Shield Palliative Care Team.</td>
</tr>
<tr>
<td><strong>HBPC Program servicing provider</strong></td>
<td>A PDF of this form will be provided in the webinar follow-up email.</td>
</tr>
<tr>
<td><strong>checklist</strong></td>
<td></td>
</tr>
</tbody>
</table>
# Key HBPC program contacts

<table>
<thead>
<tr>
<th>For</th>
<th>Contact</th>
<th>At</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract questions (Facility)</td>
<td>Denise Magdaleno</td>
<td><a href="mailto:denise.magdaleno@blueshieldca.com">denise.magdaleno@blueshieldca.com</a></td>
</tr>
<tr>
<td>Contract questions (Facility)</td>
<td>Shaima Nazari</td>
<td><a href="mailto:Shaima.Nazari@blueshieldca.com">Shaima.Nazari@blueshieldca.com</a></td>
</tr>
<tr>
<td>Contract questions (Professional)</td>
<td>Kathleen Lucas</td>
<td><a href="mailto:Kathleen.Lucas@blueshieldca.com">Kathleen.Lucas@blueshieldca.com</a></td>
</tr>
<tr>
<td>Claims questions</td>
<td>Provider Customer Service</td>
<td><a href="">1-800-541-6652 #3</a></td>
</tr>
<tr>
<td>Medical authorizations and related questions</td>
<td>Provider Customer Service</td>
<td><a href="">1-800-541-6652 #6</a></td>
</tr>
<tr>
<td>Pharmacy authorizations and Rx-related questions</td>
<td>Pharmacy Call Center</td>
<td><a href="">1-800-535-9481</a></td>
</tr>
<tr>
<td>Pharmacy Operations Team</td>
<td></td>
<td><a href="mailto:PharmacyOperations@blueshieldca.com">PharmacyOperations@blueshieldca.com</a></td>
</tr>
<tr>
<td>Blue Shield support programs</td>
<td>Shield Support</td>
<td><a href="">1-877-455-6777</a></td>
</tr>
<tr>
<td>Program-specific operations and/or clinical questions</td>
<td>Blue Shield Palliative Care</td>
<td><a href="mailto:BSPalliativeCare@blueshieldca.com">BSPalliativeCare@blueshieldca.com</a></td>
</tr>
<tr>
<td>Member program disenrollment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Blue Shield of California
# General Blue Shield contacts

## Provider Customer Service...
Call (800) 541-6652

<table>
<thead>
<tr>
<th>Say</th>
<th>Or press</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Eligibility</td>
<td>1</td>
</tr>
<tr>
<td>• Benefits</td>
<td>2</td>
</tr>
<tr>
<td>• Claims</td>
<td>3</td>
</tr>
<tr>
<td>• Mailing address</td>
<td>4</td>
</tr>
<tr>
<td>• Outpatient pharmacy</td>
<td>5</td>
</tr>
<tr>
<td>• Medical authorizations</td>
<td>6</td>
</tr>
<tr>
<td>• Language assistance</td>
<td>7</td>
</tr>
<tr>
<td>• Password reset</td>
<td>8</td>
</tr>
<tr>
<td>• QuickFax</td>
<td>*</td>
</tr>
</tbody>
</table>

## Additional contacts...

<table>
<thead>
<tr>
<th>Area</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>• BlueCard eligibility and benefits</td>
<td>(800) 676-BLUE (2583)</td>
</tr>
<tr>
<td>• BlueCard claims</td>
<td>(800) 622-0632</td>
</tr>
<tr>
<td>• EDI or Office Ally</td>
<td>(800) 480-1221 or email <a href="mailto:EDI_BSC@blueshieldca.com">EDI_BSC@blueshieldca.com</a></td>
</tr>
<tr>
<td>• Pharmacy Call Center</td>
<td>(800) 535-9481</td>
</tr>
<tr>
<td>• Provider Connection website assistance</td>
<td>(800) 393-6130</td>
</tr>
</tbody>
</table>

Blue Shield of California member website: [blueshieldca.com](http://blueshieldca.com)

Blue Shield Palliative Care member website: [blueshieldca.com/palliativecare](http://blueshieldca.com/palliativecare)