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.
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.)
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.)

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 Gonczeruk, Systems Analyst/Consultant, Encounters Performance Organization
# Top 5 EDI rejections: Blue Shield* encounters

<table>
<thead>
<tr>
<th>Volumes</th>
<th>Rejection reason</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>48,196</td>
<td>Duplicate to a previously processed claim (WBE837P-302 &amp; WBE837I-302)</td>
<td>For Blue Shield: Record is a duplicate of a previously accepted within the last 365 days submission.</td>
</tr>
<tr>
<td>8,059</td>
<td>We are unable to identify the patient who received services with the information submitted (WBE837P-300 &amp; 0x8110003)</td>
<td>For Blue Shield: Please confirm the Subscriber ID correct and resubmit if necessary.</td>
</tr>
<tr>
<td>1,313</td>
<td>Unable to identify provider (WBE837I141)</td>
<td>For Blue Shield: Please confirm the Provider information correct and resubmit.</td>
</tr>
<tr>
<td>1,309</td>
<td>A data element with ‘Mandatory’ status is missing (8454222)</td>
<td>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.</td>
</tr>
<tr>
<td>1,309</td>
<td>Service Date is required (0x3938b08)</td>
<td>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.</td>
</tr>
</tbody>
</table>

* Commercial and Medicare
## Top 5 EDI rejections: Blue Shield Promise* encounters

<table>
<thead>
<tr>
<th>Volumes</th>
<th>Rejection reason</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,178</td>
<td>Value of element LIN03 is incorrect. Expected value is from external code list – NDC (0x393933b)</td>
<td>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.</td>
</tr>
<tr>
<td>13,676</td>
<td>Duplicate of a previously accepted record (DUPRej_02)</td>
<td>For Blue Shield Promise: Record is a duplicate of a previously accepted within the last 365 days submission.</td>
</tr>
<tr>
<td>8,448</td>
<td>NDC code is missing or invalid for the submitted PAD (0xe0277)</td>
<td>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).</td>
</tr>
<tr>
<td>1,526</td>
<td>Patient not eligible for submitted date of service (MLRej_02)</td>
<td>For Blue Shield Promise: Patient is not eligible for the date of service.</td>
</tr>
<tr>
<td>1,118</td>
<td>Invalid Address Information in Billing Provider Address (60003463)</td>
<td>For Blue Shield Promise: Value of element N301 is incorrect. Expected value should not be a 'PO BOX' or 'P.O. BOX'.</td>
</tr>
</tbody>
</table>

* Medi-Cal Los Angeles and San Diego
# Top 5 EDI rejections: Blue Shield Promise* claims (fee-for-service)

<table>
<thead>
<tr>
<th>Volumes</th>
<th>Rejection reason</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>18,500</td>
<td>National Drug Code (NDC) is invalid (0x393933b)</td>
<td><strong>For Blue Shield Promise</strong>: 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.</td>
</tr>
<tr>
<td>12,577</td>
<td>Duplicate of a previously accepted record (DUPRej_02)</td>
<td><strong>For Blue Shield Promise</strong>: Record is a duplicate of a previously accepted within the last 365 days submission.</td>
</tr>
<tr>
<td>8,104</td>
<td>Referring, service facility, ordering or supervising provider NPI must be submitted (0xe00009)</td>
<td><strong>For Blue Shield Promise</strong>: An NPI must be present if a referring, service facility, ordering or supervising provider is submitted.</td>
</tr>
<tr>
<td>995</td>
<td>Referring, service facility, ordering or supervising provider NPI Should not be used (0x3938c72)</td>
<td><strong>For Blue Shield Promise</strong>: Review loop 2310C, 2310D, or 2310E correct and resubmit.</td>
</tr>
<tr>
<td>948</td>
<td>Description should not be used when valid HCPC code is present (60003799)</td>
<td><strong>For Blue Shield Promise</strong>: 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.</td>
</tr>
</tbody>
</table>

* 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.”

• 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

• [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

**San Diego**
Performance domains N=2
- HEDIS: 75%
- Encounters: 25%

**Los Angeles**
Performance domains N=3
- HEDIS: 75%
- Member Experience: 15%
- Encounters: 10%

**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
- Access to Care Improvement Activity Bonus

**Social Determinants of Health (SDOH)**

**DHCS Z-Code**
PQPI scoring methodology overview

- **HEDIS (DHCS MPL)**
  - Points awarded by measure
  - Higher points for achievement against national benchmarks

- **Encounters**
  - Higher points for achievement within peer distribution

- **Member Experience**
  - Higher points for achievement within peer distribution

<table>
<thead>
<tr>
<th>National NCQA HEDIS percentiles</th>
<th>5th and below</th>
<th>10th</th>
<th>25th</th>
<th>33.3rd</th>
<th>50th</th>
<th>66.67th</th>
<th>75th</th>
<th>90th and above</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Peer distribution for MY22</th>
<th>1st Quartile</th>
<th>2nd Quartile</th>
<th>3rd Quartile</th>
<th>4th Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points awarded by quartile (no scale)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Encounters domain

**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.

---

**San Diego**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Description</th>
<th>First Quartile</th>
<th>Second Quartile</th>
<th>Third Quartile</th>
<th>Fourth Quartile</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timeliness</strong></td>
<td>Percentage of Total Encounters Received 31-60 Days from DOS</td>
<td>0</td>
<td>1</td>
<td>2.5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Encounters</strong></td>
<td>Percentage of Total Encounters Received 0-30 Days from DOS</td>
<td>0</td>
<td>3.5</td>
<td>5</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>Accuracy measurement, 95% or greater</td>
<td>0</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Resubmissions</strong></td>
<td>Percentage of total encounters resubmitted within 10 days of notice received (277CA)</td>
<td>0</td>
<td>2.5</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Total Encounter Points: 25

**Los Angeles**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Description</th>
<th>First Quartile</th>
<th>Second Quartile</th>
<th>Third Quartile</th>
<th>Fourth Quartile</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timeliness</strong></td>
<td>Percentage of Total Encounters Received within 30 Days of DOS</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>Accuracy measurement, 95% or greater</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td><strong>Resubmissions</strong></td>
<td>Percentage of total encounters resubmitted within 10 days of notice received (277CA)</td>
<td>0</td>
<td>1.5</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Total Encounter Points: 15
Incentive payments

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

1. PQPI score card (IPA’s total score)
   Represents IPA’s performance in domains

2. Eligible members
   Uses IPA’s qualified HEDIS population as measure denominator

3. Value / member point, unit price
   Varies by county
   LA = $0.50
   SD = $0.75

4. Bonus opportunities
   CAHPS Member Experience
   SDOH Z-Codes
   HEDIS 50th percentile
<table>
<thead>
<tr>
<th>Action</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter-related questions</td>
<td>• Unsolicited 277C Transaction for Adjudicated Encounters Standard Companion Guide</td>
</tr>
<tr>
<td>Email: <a href="mailto:EPE@blueshieldca.com">EPE@blueshieldca.com</a></td>
<td>• EDI Blue Shield Promise Companion Guide</td>
</tr>
<tr>
<td>• EDI Blue Shield Companion Guide</td>
<td></td>
</tr>
<tr>
<td>Provider incentives questions</td>
<td>Email: <a href="mailto:providerincentives@blueshieldca.com">providerincentives@blueshieldca.com</a></td>
</tr>
<tr>
<td>Blue Shield Provider Connection website</td>
<td>blueshieldca.com/provider (Log in required for authenticated tools.)</td>
</tr>
<tr>
<td>Provider Connection Reference Guides (No log in required)</td>
<td>• Blue Shield</td>
</tr>
<tr>
<td>• How to use tools and resources on the website.</td>
<td>• Blue Shield Promise</td>
</tr>
<tr>
<td>Provider Customer Service (For general help.)</td>
<td>• Blue Shield Phone: (800) 541-6652</td>
</tr>
<tr>
<td>• Blue Shield Promise Phone: (800) 468-9935</td>
<td>• Live chat from Provider Connection Contact us page after login.</td>
</tr>
<tr>
<td>Provider Information &amp; Enrollment (For network inquiries, credentialling, etc.)</td>
<td>• Email: <a href="mailto:bscproviderinfo@blueshieldca.com">bscproviderinfo@blueshieldca.com</a></td>
</tr>
<tr>
<td>• Phone: (800) 258-3091</td>
<td></td>
</tr>
<tr>
<td>Blue Shield &amp; Blue Shield Promise</td>
<td>HEDIS® Guides – no log in required.</td>
</tr>
<tr>
<td>Medi-Cal Rx provider portal</td>
<td><a href="https://medi-calrx.dhcs.ca.gov/provider">https://medi-calrx.dhcs.ca.gov/provider</a></td>
</tr>
<tr>
<td>DHCS Medi-Cal website</td>
<td>Website provides important information for all Medi-Cal providers, submitters and others on how to access FFS billing, transaction and support services.</td>
</tr>
<tr>
<td>AuthAccel (Claims section)</td>
<td>AuthAccel online authorization training</td>
</tr>
</tbody>
</table>
Thank you