

Patient Care Summary Provider FAQs November 2018



The Patient Care Summary (PCS), is a report accessed through **Blue e** that provides information to health care providers on an individual patient level. Based on Blue CrossNC claims, the PCS includes potential gaps in evidence based care, 12 months of pharmacy claims, 36 months of medical claims and descriptoins of diagnosis and procedures.

Highlights:

- Through **Blue e**, a physician and office staff can access a Patient Care Summary (PCS) for a Blue Cross NC member who is visiting the office, whether that member is a current or new patient. The PCS, which is based on Blue Cross NC claims data, will let doctors know how their patients are doing against nationally established evidence-based practice guidelines. The PCS will also provide information on prescription medications and most recent medical care that the patient has received to give the physician a quick summary snapshot of the patient's health care experience.

How should I use the Patient Care Summary?

This is an informational report that you may use to enhance your patients' quality of care.

- Identify potential gaps in care for individual patients compared with evidence-based and nationally recognized guidelines.
- See if your patients are filling their medications as ordered, and what medications may have been prescribed by other physicians. The report contains information on prescription medications including date of fill, prescriber, medication, dose, generic available, and indication when medications are ordered but not picked up
- The most recent medical care section includes the date of visit, the provider name, specialty, diagnosis codes and place of service.
- The summary page of the PCS includes up to 10 unique prescriptions, and up to 10 medical care visits.
- The detail pages include all Rx fills in the last 12 months, and all medical care in the last 36 months. The detail page also include text descriptions of all diagnosis and procedure codes.

How is the report generated?

Blue Cross NC uses a software application to aggregate and analyze patient medical, lab and pharmacy data, with the sole purpose of providing our providers with information that they may not have in their medical charts. We handle this information in complete accordance with HIPAA privacy guidelines.

How often is the data in the Patient Care Summary updated?

The claims data in the Patient Care Summary is updated weekly The potential gaps in care are updated monthly.

What's not included in the Patient Care Summary?

If a patient received care for which a claim was not filed with Blue Cross NC, it will not be included in the report. For example, if a patient received a cholesterol test at a health fair for which no claim was filed, it would not show up in the PCS. Similarly, if a patient is new to Blue Cross NC, medical or pharmacy coverage claims from other coverage will not be a part of our report.

As per the Federal Substance Abuse Regulation (FSAR), Blue Cross NC suppresses all claims information in the PCS that is related to Substance Abuse diagnosis and treatment. We also suppress all claims related to elective abortions.

Does this affect physician performance or compensation in any way?

No. This is not a utilization review, pre-certification program or a professional medical consultation. We are not using the PCS to make decisions or judgments about reimbursement or the acceptance or denial of claims. The only purpose is to share information that might help you care for your patient.

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Why can't I find the report on one of my Blue Cross NC patients?

The Patient Care Summary is currently available to Blue Cross NC commercial customers including the State Health Plan. The PCS is currently not available for customers of Medicare Supplement Plans and the Federal Employee Program

What if I have a question about a claim on the PCS from another provider?

The Patient Care Summary is meant to generate conversation between you and your patients to gain a better understanding of your patient's health care experience. If you have questions about another provider's claim, talk with your patient about your questions.

Sections of the Patient Care Summary:

What does the Potential Gaps in Evidence Based Care section include?*

The Potential Gaps section includes all open care alerts for which we have claims data. The information associated with each gap in care is:

- The chronic condition for which the potential gap is related. The condition will be Preventive if the alert is for a preventive measure.
- The evidence based measure for which the member may have a gap in care. (****Refer to the Appendix of this document for a complete listing of potential gaps for which we identify.***)
- The number of months the care alert has remained open after it was first identified.

If there are no open care alerts for the member, then the following message is displayed under the heading:

- *Based on all available BCBSNC claims information we have not identified any open gaps in evidence based care for the conditions included in our program. (Refer to the online Blue e Help page – Patient Care Reports: Introduction for a complete listing of potential gaps for which we identify.)*

What does the Prescriptions section include?

The Prescriptions section of the summary only displays the most recent 10 **unique** medication fill claims over the past 12 months. If a member's plan does not include pharmacy benefits through Blue Cross NC, or if the member has not filled any prescriptions in the past 12 months, the following message will be displayed:

- *BCBSNC has no pharmacy claims for this member over the past 12 months.*

If a provider would like to view a listing of **all** medications filled over the last 12 months, they may proceed to page 2 (detail section) of the report.,

- Only unique fills are displayed on the summary page of the report (page 1). That is, if the same medication and dose is refilled throughout the 12 month look back period, only the most recent fill is displayed on the PCS. If the medication and/or dose changes, then this is considered a unique medication fill.
- A complete Rx history for the past 12 months will be displayed on the detail page of the report, which starts on page 2 and includes all fills, even if they are for the same medication and dose.
- Data is sorted by date of most recent fill in descending order.
- This section excludes all medications that are used for substance abuse in accordance with the Federal Substance Abuse Act.

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- The first and last name of the prescribing physician is displayed when available. If it is not available, then the name will appear as N/A.
- The dosage of the prescription that was filled, the days supply and a medication count is provided.
- If a member did not pick up a Rx that was prescribed (either via E-prescribe or a paper Rx that was dropped off at a pharmacy but never picked up), the corresponding prescription will display on the PCS and include a note after the Rx name "*Rx not picked up*", and the the days supply (#) field will display 0/0. This information will assist the provider in identifying prescriptions that are not being picked up by patients.
- For brand medications that have a generic equivalent, the following message will appear after the drug name: "*generic available.*"

What does the Most Recent Medical Care section include?

The most recent medical care section of the PCS summary page only displays the 10 most recent medical claims over the past 36 months. A complete medical care history of up to 36 months is provided on the detail pages of the report which begin on page 2.

The medical care section of the PCS summary page excludes the following:

- Codes related to substance abuse in accordance with the Federal Substance Abuse Act
- Codes related to elective abortion for sensitivity reasons
- Claims for Pathology, lab, DME, Radiology, and Anesthesiology (These claims will appear on the detail pages of the report.)
- Data is sorted by date of visit in descending order.
- The first and last name of the provider is displayed when available. If the provider name is not known and the claim is associated with a practice, then "PRACTICE" will be displayed. The specialty and place of service listed on the claim are displayed.
- The Primary, Secondary, and Tertiary diagnosis codes are displayed in that order..
- If there are no medical claims over the past 36 months, then the following message is displayed:
 - "*BCBSNC has no medical claims for this member in the past 36 months.*"
- The detail pages of the PCS include all medical claims (including claims for pathology, lab, DME, radiology, and anesthesiology) that were suppressed on the summary page. Claims related to substance abuse and abortions are suppressed on both the summary and detail section of the PCS.

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Detail on Gaps in Care Measures included on the Patient Care Summary:

Condition	Potential Gap	Measure Description
Asthma	Medical Management of Asthma – 75%	Patients 5–64 years of age who were identified as having persistent asthma and were an asthma controller medication that they remained on for at least 75% of their treatment period.
CAD	CAD: Persistence of Beta-Blocker Tx post MI	Patients 18 years of age and older who were hospitalized and discharged alive with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.
CAD	Statins for CAD – initiation	Males 21-75 years of age and females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease and who were dispensed at least one high or moderate intensity statin medication
COPD	Age 40+, new COPD dx, Spirometry testing	Patients 40 years of age and older with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.
COPD	Systemic corticosteroid	Patients 40 years of age and older who had an acute inpatient discharge or ED visit who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
Diabetes	Diab: A1C testing	Patients 18 to 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing
Diabetes	Diab: Medical Attention for nephropathy	Patients 18 to 75 years of age with diabetes (type 1 and type 2) who had Medical attention for nephropathy
Diabetes	Diab: Retinal Eye Exam	Patients 18 to 75 years of age with diabetes (type 1 and type 2) who had eye exam (retinal) performed
Diabetes	Statins for Diabetes - Initiation	Patients 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease and who were dispensed at least one high or moderate intensity statin medication
Drug Monitoring	Annual Monitoring for patients on ACE or ARB	Annual monitoring for patients 18 years of age and older on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
Drug Monitoring	Annual Monitoring for patients on Diuretics	Annual monitoring for for patients 18 years of age and older on diuretics.
Preventive	Adolescent well-care visits	Patients 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner
Preventive	Adult BMI assessment	Patients 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented
Preventive	Breast Cancer Screening	Women 50–74 years of age who had a mammogram to screen for breast cancer.
Preventive	Cervical Cancer Screening	Women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> • Women age 21–64 who had cervical cytology performed every 3 years. • Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
Preventive	Chlamydia screening in young women	Female patients 16 to 20 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.
Preventive	Chlamydia screening in young women	Female patients 21 to 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.
Preventive	Colorectal Cancer Screening	Patients 50 to 75 years of age who had appropriate screening for colorectal cancer.
Preventive	Well child care - BMI	Patients 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation.
Preventive	Well child care – nutrition	Patients 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition
Preventive	Well child visits - 15 months	Patients who turned 15 months old during the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life
Preventive	Well child visits - 3-6 years	Patients 3–6 years of age who had one or more well-child visits with a PCP