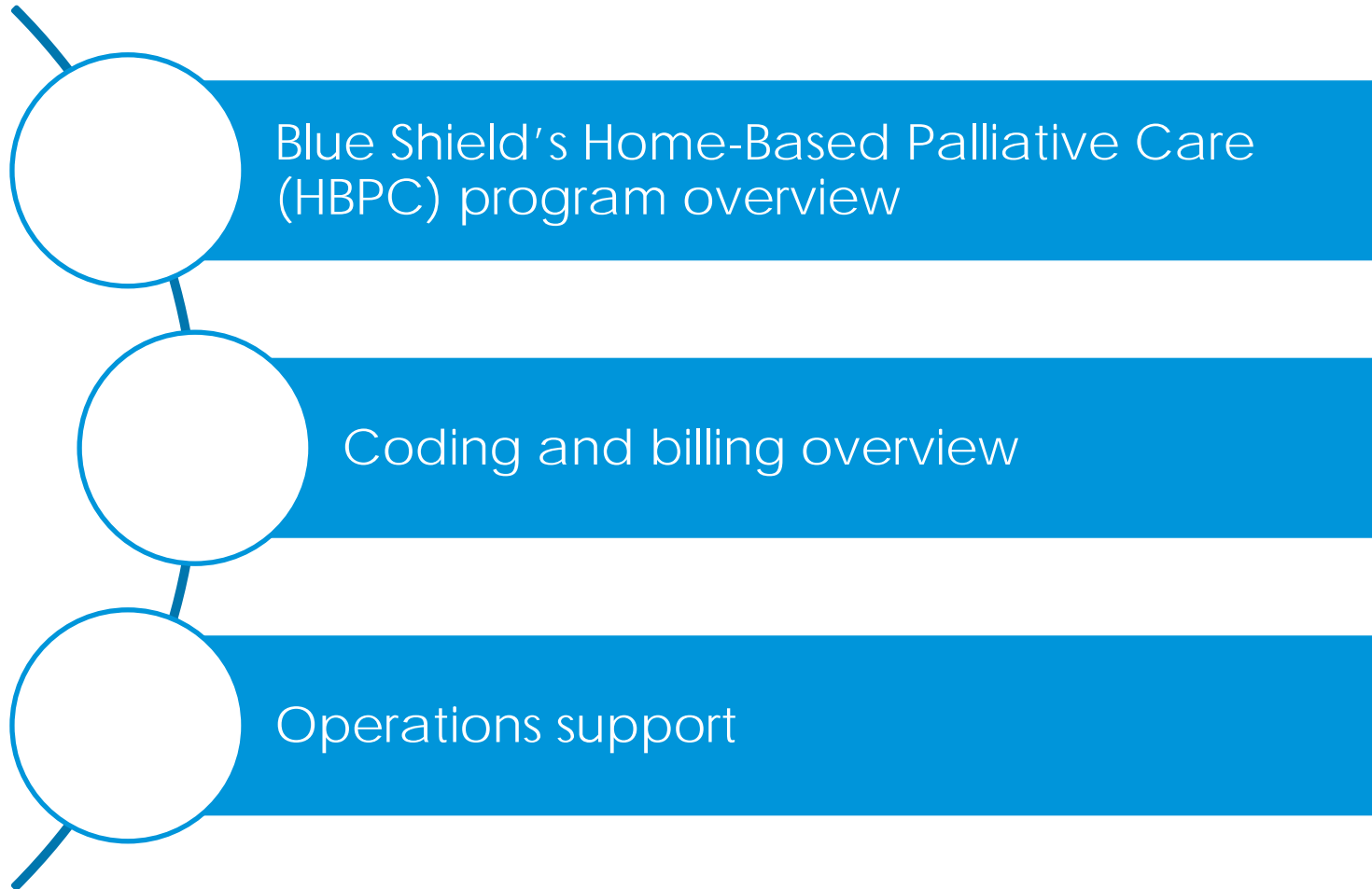


## **Provider Update:** Blue Shield Home- Based Palliative Care (HBPC) Program

# Agenda



# 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



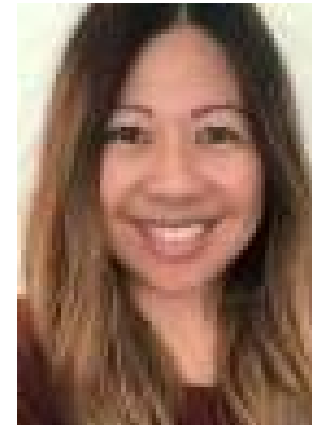
Ben Scribner  
Program  
Manager



Anna Berens  
Program  
Manager



Kristen Vallone  
Program  
Manager



Eileen Briones  
Program  
Manager



Abisola Latona-  
Ugbeme  
Program Manager



# Home-Based Palliative Care (HBPC) program overview

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# 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

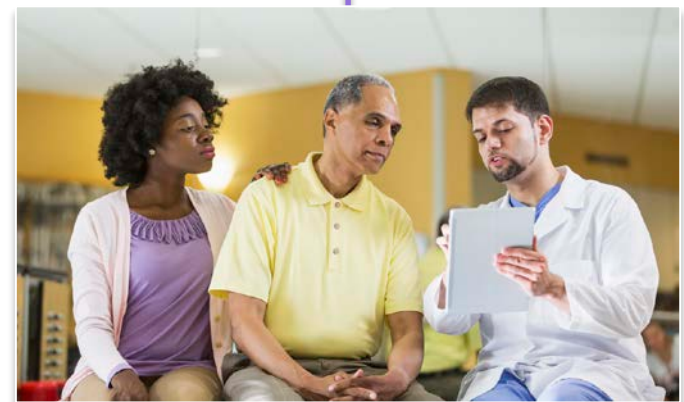
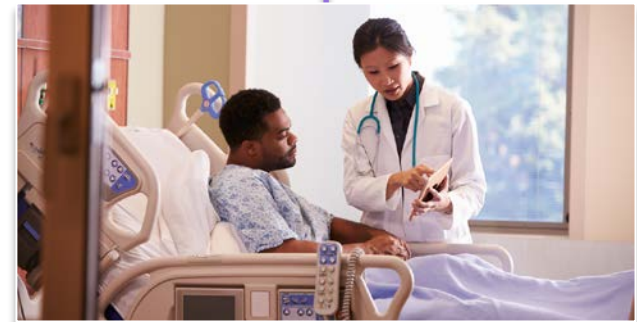
Because palliative care is a primary service, a member can self-refer.

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...

New in  
2021

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



# 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.

Member name [REDACTED]	Status ✓ Eligible	<a href="#">ID Card</a> <a href="#">Benefits</a> <a href="#">Claims</a>	
Subscriber ID [REDACTED]	Date of birth [REDACTED]	Gender [REDACTED]	Member address [REDACTED] CA, [REDACTED] JSA
Plan name Shield Spectrum PPO (SM) Plan 2000-G	Plan type Commercial PPO	Coverage effective / start date 01/01/2019	Coverage end / redetermination date Present
Relationship to subscriber Subscriber/Insured	Subscriber name [REDACTED]	PCP name N/A	Office visit copay In-network-\$ [REDACTED]
- Member information			
Member phone [REDACTED]	Language Not Selected	Subscriber dues paid to N/A	Landmark Status ⓘ Attributed, not yet engaged

- 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 state renal disease
- Severe dementia or Alzheimer's disease
- Other





# HBPC Eligibility Screening Tool – continued

- 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.

New in 2021

**Palliative care services screening criteria for program participation**

**Member Information**

Member name	Member ID#
Date of birth	Enrollment date

**Residing party information**

Residence	Organization name	
Address		
City	State	ZIP code
Phone number	E-mail	

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

**To General eligibility criteria**

- The member is an advanced disease. This refers to unmet palliative care needs and does not include other conditions.
- The member is not on hospice care, as defined in Section 1.3 below, with appropriate documentation or confirmed decline in health status, and not eligible for or declining hospice enrollment.
- Death within a year would not be unexpected based on clinical status.
- The member is not on hospice care, as defined in Section 1.3 below, with appropriate documentation or confirmed decline in health status, and not eligible for or declining hospice enrollment.
- The member is not on hospice care, as defined in Section 1.3 below, with appropriate documentation or confirmed decline in health status, and not eligible for or declining hospice enrollment.

**1.3 Disease-specific eligibility criteria**

The member must meet at least one of the four disease-specific eligibility criteria:

- Chronic obstructive pulmonary disease (COPD):** Must meet (a) AND (b):
  - a. The member has a forced expiration volume (FEV1) of less than 50% of predicted AND a 24-hour oxygen requirement of less than 2 liters per minute.
  - b. The member has a 24-hour oxygen requirement of greater than or equal to 2 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 primary, secondary, or local recurrence of a solid organ cancer OR has a failure of two lines of standard of care therapy (chemotherapy or radiation therapy).

**Section 2: General eligibility criteria**

**2.1 General eligibility criteria**

- The member is under the age of 18.
- The family or legal guardian agrees to the provision of palliative care services.

**2.2 Disease-specific eligibility criteria**

- Conditions for which curative treatment is possible, but also fail (e.g., colonized or progressive cancer) or complex and severe congenital or acquired heart disease).
- Conditions requiring ongoing ongoing treatment (e.g., metastatic cancer) or the member is on hospice care, as defined in Section 1.3 below, with appropriate documentation or confirmed decline in health status, and not eligible for or declining hospice enrollment.
- Progressive conditions that require treatment (e.g., metastatic cancer) or the member is on hospice care, as defined in Section 1.3 below, with appropriate documentation or confirmed decline in health status, and not eligible for or declining hospice enrollment.
- Conditions that require ongoing treatment (e.g., metastatic cancer) or the member is on hospice care, as defined in Section 1.3 below, with appropriate documentation or confirmed decline in health status, and not eligible for or declining hospice enrollment.

**Section 3: Non-eligible criteria**

- Member is enrolled in the program, either on an interim or full basis.
- Member did not agree to enroll in the program.
- Member is not eligible for enrollment in the program.
- Member is not eligible for enrollment in the program.

**Section 4: Other**

- If referring the member to Blue Shield of California for a full Palliative Care Service Evaluation.

# HBPC Eligibility Screening Tool



## Palliative care services screening criteria for program participation

Member Information		
Member name	Member ID#	
Date of birth	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
<b>1.a. General eligibility criteria</b> The member must meet all of the general eligibility criteria. (If the member is younger than 21 years old, also see Section 2 for broader pediatric eligibility criteria.)	<input type="checkbox"/> Is likely to, or has started to, use the hospital or emergency department as a means to manage the member's advanced disease; this refers to unanticipated decompensation and does not include elective procedures. <input type="checkbox"/> Has an advanced illness, as defined in Section 1.b below, with appropriate documentation of continued decline in health status, and is not eligible for or declines hospice enrollment. <input type="checkbox"/> Death within a year would not be unexpected based on clinical status. <input type="checkbox"/> Has received appropriate patient-desired medical therapy <b>OR</b> is a member for whom patient-desired medical therapy is no longer effective. The member is <b>NOT</b> in reversible acute decompensation. <input type="checkbox"/> The member and, if applicable, the family/member-designated support person, agrees to: <ul style="list-style-type: none"> <li>o Attempt, as medically/clinically appropriate, in-home, residential-based, or outpatient disease management/palliative care instead of first going to the emergency department; and</li> <li>o Participate in Advance Care Planning discussions.</li> </ul>
<b>1.b. Disease-specific eligibility criteria</b> The member must meet at least one of the four disease-specific eligibility criteria. (If the member is younger than 21 years old, also see Section 2 for broader pediatric eligibility criteria.)	<input type="checkbox"/> <b>Congestive heart failure (CHF): Must meet (a) AND (b)</b> <ul style="list-style-type: none"> <li>a. The member is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned <b>OR</b> meets criteria for the New York Heart Association's (NYHA) heart failure classification III or higher.</li> <li>b. The member has an ejection fraction of less than 30% for systolic failure <b>OR</b> significant co-morbidities.</li> </ul> <input type="checkbox"/> <b>Chronic obstructive pulmonary disease (COPD): Must meet (a) OR (b)</b> <ul style="list-style-type: none"> <li>a. The member has a forced expiratory volume (FEV) of 1 less than 35% of predicted <b>AND</b> a 24-hour oxygen requirement of less than 3 liters per minute.</li> <li>b. The member has a 24-hour oxygen requirement of greater than or equal to 3 liters per minute.</li> </ul> <input type="checkbox"/> <b>Advanced cancer: Must meet (a) AND (b)</b> <ul style="list-style-type: none"> <li>a. The member has a stage III or IV solid organ cancer, lymphoma, or leukemia.</li> <li>b. The member has a Karnofsky Performance Scale score less than or equal to 70% <b>OR</b> has failure of two lines of standard of care therapy (chemotherapy or radiation therapy).</li> </ul>

<b>1.b. Disease-specific eligibility criteria (cont'd)</b>	<input type="checkbox"/> <b>Liver disease: Must meet (a) AND (b) combined or (c) alone</b> <ul style="list-style-type: none"> <li>a. The member has evidence of irreversible liver damage, serum albumin less than 3.0, an international normalized ratio (INR) greater than 1.3.</li> <li>b. The member has ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices.</li> <li>c. The member has evidence of irreversible liver damage and has a Model for End-Stage Liver Disease (MELD) score of greater than 19.</li> </ul> <input type="checkbox"/> <b>Cerebral vascular accident/stroke:</b> <ul style="list-style-type: none"> <li>a. Inability to take oral nutrition, change in mental status, history of aspiration or aspiration pneumonia.</li> </ul> <input type="checkbox"/> <b>Chronic kidney disease (CKD) or end-stage renal disease (ESRD).</b> <input type="checkbox"/> <b>Severe dementia or Alzheimer's disease.</b> <input type="checkbox"/> <b>Other (fill in):</b> _____
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If the member does not meet the above eligibility requirements and is younger than 21 years old, proceed to Section 2.

Section 2:	Pediatric palliative care eligibility criteria
<b>2.a. General eligibility criteria</b> The member must meet all the general eligibility criteria.	<input type="checkbox"/> The member is under the age of 21. <input type="checkbox"/> The family and/or legal guardian agrees to the provision of pediatric palliative care services.
<b>2.b. Disease-specific eligibility criteria:</b> The member must meet at least one of the four life-threatening diagnosis criteria.	<input type="checkbox"/> Conditions for which curative treatment is possible, but may fail (e.g., advanced or progressive cancer or complex and severe congenital or acquired heart disease). <input type="checkbox"/> Conditions requiring intensive long-term treatment aimed at maintaining quality of life (e.g., human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy). <input type="checkbox"/> Progressive conditions for which treatment is exclusively palliative after diagnosis (e.g., progressive metabolic disorders or severe forms of osteogenesis imperfecta). <input type="checkbox"/> Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications (e.g., extreme prematurity, severe neurologic sequelae of infectious disease or trauma, severe cerebral palsy with recurrent infection or difficult-to-control symptoms).
<b>Servicing provider</b>	<b>Home-Based Palliative Care Program status</b>
Indicate member program status:	<input type="checkbox"/> Member is enrolled in the program. (Enter enrollment date): _____ <input type="checkbox"/> Member did not agree to enroll in the program. <input type="checkbox"/> Member did not qualify for enrollment in the program. <input type="checkbox"/> Member enrolled in hospice.
<b>PCP/Specialist</b>	<input type="checkbox"/> I am referring the member to Blue Shield of California for a full Palliative Care Service Evaluation.

# Your role...

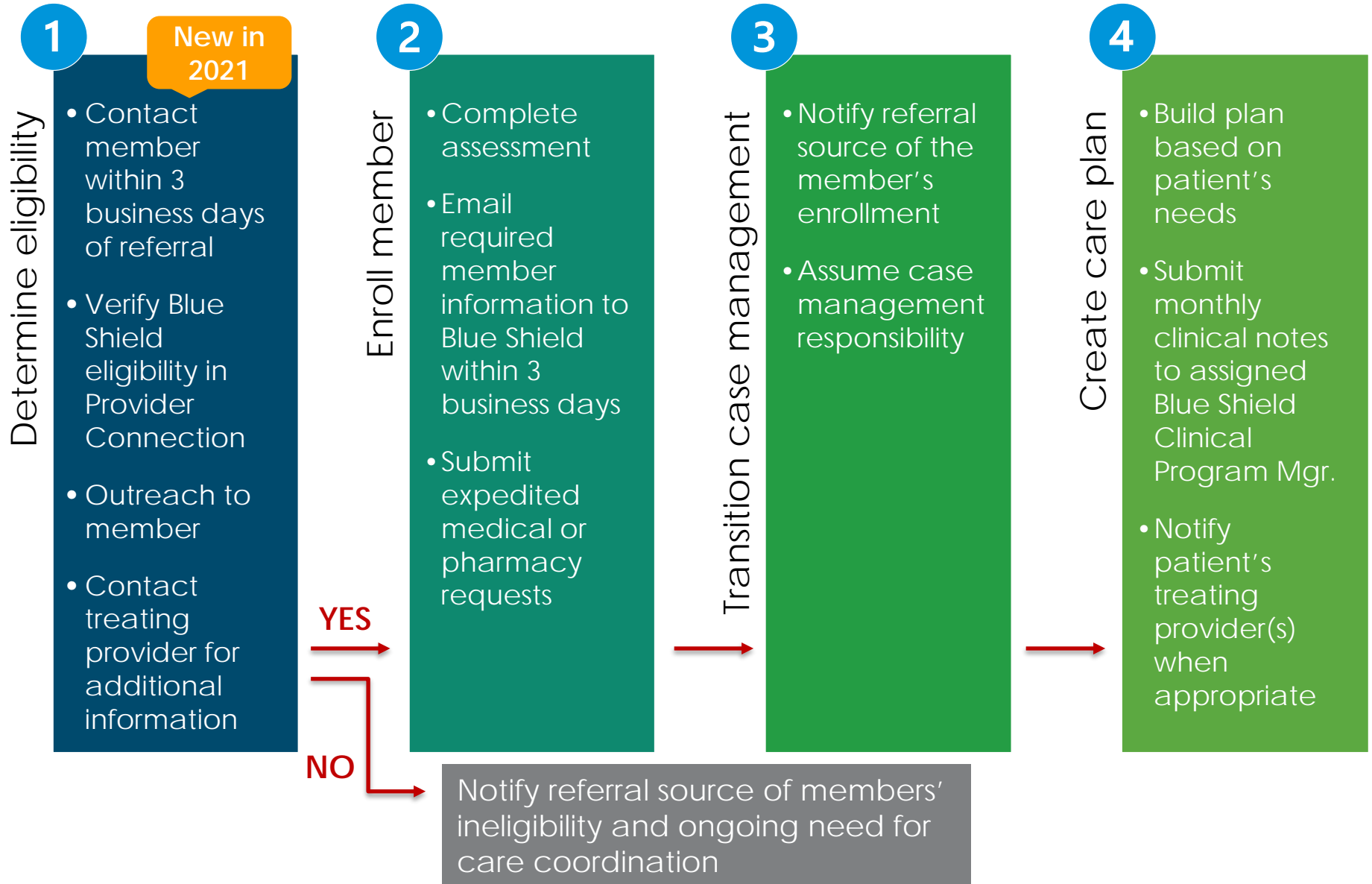


## As a servicing provider, you will:

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



# Program enrollment process snapshot



# 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 or 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.





# Billing and coding

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# HBPC program case rate



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.

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

\* 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:

CPT code	Rev code	Code description	Submitter
S0311*	0699†	Comprehensive management and care coordination for advanced illness, per calendar month	Any provider who has a contract amendment with Blue Shield to provide palliative care services

\* 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:

Topic	Tip
CPT prior to enrollment	<ul style="list-style-type: none"><li>• Use CPT codes 99497 and 99498 for assessment and consultation provided prior to HBPC program enrollment.<ul style="list-style-type: none"><li>▪ Be sure to include dates of service.</li></ul></li></ul>
CPT after enrollment	<ul style="list-style-type: none"><li>• Use the case rate CPT code S0311 on the day following member enrollment in the HBPC program.<ul style="list-style-type: none"><li>▪ Use moving forward until member disenrolls from the HPBC program.</li><li>▪ <b>The admit date field on the claim, MUST always match the date of service field.</b></li></ul></li></ul>
One invoice	<p>Submit a single invoice for services provided before and after case rate activation.</p> <ul style="list-style-type: none"><li>▪ You do not need to bill services separately.</li></ul>



# Coding and billing tips: Facilities

Topic	Tip
<b>UB-04 form</b>	<ul style="list-style-type: none"><li>• Facilities should submit claims via a UB-04 form, just like when billing for hospice services.</li></ul>
<b>Revenue codes</b>	<ul style="list-style-type: none"><li>• Use revenue code 0693 for Blue Shield members not yet enrolled in the HBPC program.</li><li>• Use revenue code 0699 for enrolled members.</li></ul>



# Coding and billing tips: CPT & diagnosis codes

Topic	Tip
<b>CPT code S0311</b>	<ul style="list-style-type: none"><li>• When using CPT code S0311, enter the number one (1) in the “Units” field.<ul style="list-style-type: none"><li>▪ Do not enter the number of days in the billing month (for example, 30).<ul style="list-style-type: none"><li>○ CPT code S0311 is defined as “Comprehensive management and care coordination for advanced illness, <b>per calendar month.</b>”</li></ul></li></ul></li></ul>
<b>Diagnosis code</b>	<ul style="list-style-type: none"><li>• Submit with the diagnosis code for which the patient is receiving palliative care.<ul style="list-style-type: none"><li>▪ Do not use ICD-10 code Z51.5 (i.e., encounter for palliative care) as the primary diagnosis <b>but include this code on the claim</b></li></ul></li></ul>

New in 2021



# Operations support

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# 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



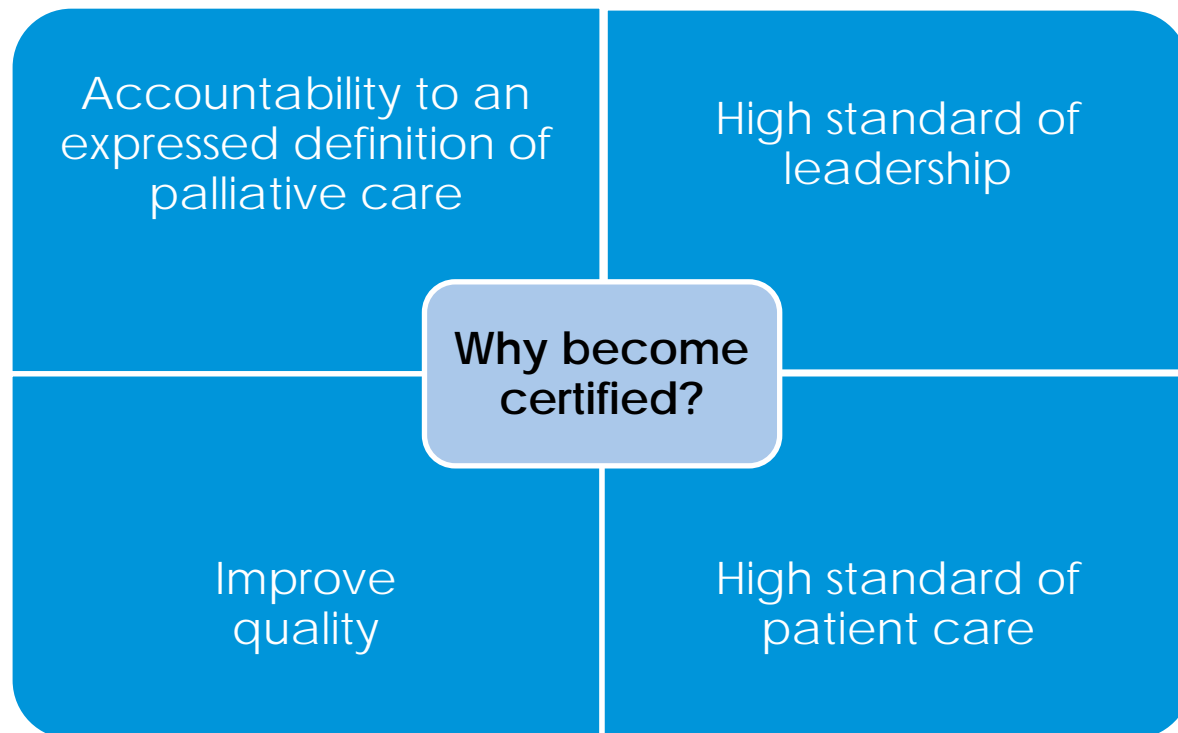
# Patient satisfaction survey

- 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)



# 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**

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# Appendix

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# Online resources

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





# Key HBPC program contacts

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



# General Blue Shield contacts

Provider Customer Service ... Call (800) 541-6652	
Say	Or press
• Eligibility .....	1
• Benefits .....	2
• Claims .....	3
• Mailing address .....	4
• Outpatient pharmacy .....	5
• Medical authorizations .....	6
• Language assistance .....	7
• Password reset .....	8
• QuickFax .....	*

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

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

