BlueCross BlueShield of Texas

BLUE REVIEW℠

A newsletter for physician, professional, facility, ancillary and Medicaid providers

Sept. 1, 2017

Notices & Announcements

Your Feedback is Important

Blue Review strives to offer important information each month to our contracted providers. To deliver the content that's most relevant to you and your staff Blue Cross and Blue Shield of Texas (BCBSTX) needs your feedback. Please take a few minutes to complete our brief survey. As a thank you for your time, we're providing an opportunity to win one of five, $25 Amazon.com® gift certificates. (Note: Government employees are not eligible.) Click here to take the survey.

Integration of Prime Therapeutics® and Walgreens® Specialty Pharmacy and Mail Order Services

Blue Cross and Blue Shield of Texas' (BCBSTX) pharmacy benefit manager (PBM), Prime Therapeutics LLC (Prime), and Walgreens announced a strategic alliance in August 2016 to create a first-of-its-kind model for pharmacy benefit management that aligns a national pharmacy chain, a leading PBM and health plans, including a long-term retail pharmacy agreement. As part of this alliance, Prime and Walgreens have formed a combined company for specialty pharmacy and mail order services, headquartered in Orlando, FL.

Teams have been working to unite each organization's mail service and specialty pharmacy operations. As of mid-August 2017, all BCBSTX members whose pharmacy benefits are administrated through Prime will have been integrated into the new combined company's pharmacy systems.[1] A summary of the changes you might experience from this integration are included below.

Specialty Pharmacy Services

As of July 15, 2017, BCBSTX members were integrated into the new specialty pharmacy system. The new company is nationally accredited by *Accreditation Commission for Health Care* and Utilization Review Accreditation Commission. Any additional accreditation and licenses will be pursued as needed. Additionally, a vast selection of previously labeled limited distribution products will be available through Prime Therapeutics Specialty Pharmacy.

There are no changes to the way you submit a prescription. The following remains the same:

- The name used when e-prescribing: Prime Therapeutics Specialty (as of April 5, 2017)
- The fax number used to send prescriptions
- The prior authorization process; patient prior authorization approvals on file were transferred and will follow the BCBSTX process for renewals
- The number you call to reach Prime Specialty Pharmacy: 877-627-MEDS (6337)
- The hours of operation: Monday-Friday, 7 a.m. – 7 p.m. CT

For prescriptions coming to your location, you may notice changes in Prime Therapeutics' communications and packaging, including:

- The use of the Prime Specialty Pharmacy and Walgreens names/logos may both appear on the packing receipt, enclosed information sheets, stickers on the box, etc.
- Cooler/cooler packaging and the box holding the medicine may look different
- The label affixed to the front of the box may show a dispensing location other than Orlando, FL

Mail Order Services
Covered 90-day supply mail order prescriptions are being filled by "PrimeMail by Walgreens Mail Service" home delivery program as of Aug.18, 2017.

There is a new way to submit a prescription electronically:

- For patients with expired/no remaining refill prescriptions, you will need to provide a new prescription. If submitting this prescription electronically after Aug. 18, you will need to send it to Walgreens Mail Service in Tempe, AZ, or you can fax the prescription to 800-332-9581.

Please Note: Existing PrimeMail ePrescribing or fax methods you may currently be using can continue for the immediate future, but will be returned as "unable to fill" at some point later this year. Please take this opportunity to update any pharmacy information that may be stored in your patients' records. Also, if your patient has a current prior authorization approval on file, it was transferred over to the new mail order system and will follow the standard BCBSTX process for renewals.

Members with prescription history within the last 12-18 months were notified of the specialty pharmacy and/or mail order service changes. Full integration of all mail service and specialty pharmacy services are expected to be completed by the first quarter of 2018. More information about the new combined company, including the official name, will be shared in future *Blue Review* issues and/or in the News and Updates section of the BCBSTX provider website.

If your patients have questions about their pharmacy benefits, please advise them to contact the Pharmacy Program number on their member ID card. Members may also visit bcbstx.com and log in to Blue Access for Members℠ for a variety of online resources.

[1] *Members with Medicare Part D or Medicaid coverage transitioned to the new mail order services as of earlier this year.*

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSTX and contracting pharmacies is that of independent contractors. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Prime has entered into an agreement with Walgreens, an independently contracted pharmacy, to form a combined specialty pharmacy and mail order services company, owned by Prime and Walgreens.

Reminder: Become a BCBSTX HealthSelect℠ of Texas Provider Today

Are you currently providing or interested in providing health care services for Employees Retirement System of Texas (ERS) participants? ERS is utilizing the Blue Essentials℠ network to support its custom Point of Service (POS) network for ERS HealthSelect of Texas℠ and Consumer Directed HealthSelect℠. If you are not currently an active Blue Essentials network provider, you can apply for participation in Blue Essentials, as HealthSelect will access the Blue Essentials network. To ensure a seamless transition and have the optimum providers available, we are reaching out to increase awareness about this opportunity.

ERS participants in the HealthSelect POS plan receive maximum benefits when care is provided or directed by an in-network Primary Care Provider. Participants have an out-of-network option available to them, but there could be a significant financial impact when utilizing out-of-network services.

To continue providing care to your ERS participants, we hope you will consider participating in our customized HealthSelect network. Please contact your local Network Management office to obtain an agreement to be a HealthSelect provider through the Blue Essentials network.

We value your participation in our existing networks and it is our earnest hope you consider being a part of the Blue Essentials network for the benefit of your current and future ERS patients.

Fee Schedule Updates Effective Oct. 1

Blue Cross and Blue Shield of Texas (BCBSTX) will implement changes in the maximum allowable fee schedule used for Blue Choice PPOSM, Blue EssentialsSM, Blue PremierSM, Blue Advantage HMOSM and ParPlan effective Oct. 1, 2017. The changes include:

- The methodology used to develop the maximum allowable fee schedule for these plans will be based on 2017 Centers for Medicare and Medicaid Services (CMS) values as posted on their website for the services in which the BCBSTX reimbursement is based on CMS values.
- BCBSTX provides general reimbursement information policies, fee schedule request forms and fee schedule information on the General Reimbursement Information section of BCBSTX's provider website.
    - Reimbursement changes and updates will be posted under "Reimbursement Changes/Updates" in the Reimbursement Schedules section.
    - The specific effective date will be noted for each change that is posted.
- The conversion factor for certain surgical codes may vary by place of service for ambulatory surgical center and outpatient hospital.
- Blue Choice PPO, Blue Essentials, Blue Premier and Blue Advantage HMO:
    - Will consider the site of service where the service is performed.
    - The multiple procedure payment will be changing on the professional component of certain diagnostic imaging procedures. This change applies to services billed as professional component only or global for the procedures listed on the website. The highest priced procedure will be reimbursed at 100 percent of the allowable and each additional procedure – when performed during the same session on the same day – will be reimbursed at 95 percent (previously 75 percent) of the allowable.

If you would like to request a sample of maximum allowable fees or if you have any questions, please contact your Network Management office.

BCBSTX New Employer Group Plan – Employees Retirement System of Texas (ERS) Effective Sept. 1, 2017

We are excited to announce that Blue Cross and Blue Shield of Texas (BCBSTX) was awarded the six-year contract for the Employees Retirement System of Texas (ERS) account, effective Sept. 1, 2017. ERS participants covered under HealthSelectSM of Texas and Consumer Directed HealthSelectSMbenefit plans will access care through the Blue EssentialsSM provider network in all 254 counties in Texas.

ERS participant plan options:

1. HealthSelect of Texas In-area (Texas)
    - Participants must select a primary care physician (PCP) participating in the Blue Essentials provider network and referrals are required to see Blue Essential providers for in-network benefits.
2. Consumer Directed HealthSelect In-area (Texas)
    - Consumer Directed HealthSelect participants have open access to providers in the Blue Essentials provider network for their in-network benefits. This plan does not require PCP selection and does not require referrals.

ERS participants can be identified through their BCBSTX ID card:

- The plan names HealthSelect of Texas and Consumer Directed HealthSelect will be printed directly on the ID card
- ERS participants will have a unique Blue Essentials network ID labeled HME

Patient eligibility and benefits should be verified prior to every scheduled appointment. Eligibility and benefit quotes include participant verification, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. It's strongly recommended that providers ask to see the participant's ID card for current information and photo ID to guard against medical identity theft. When services may not be covered, participants should be notified that they may be billed directly.

For a list of services that require prior authorization for ERS participants, refer to the ERS HealthSelect Prior Authorization/Notification/Referral Requirements List or ERS Consumer Directed Health Select Prior Authorization/Notification/Referral Requirements List on the Clinical Resourcespage of BCBSTX's provider website.

In addition, BCBSTX has contracted with eviCoreTM healthcare (eviCore), an independent specialty medical benefits management company, to provide utilization management services for the prior authorization requirements outlined below. The requirements are also indicated on the HealthSelect or Consumer Directed HealthSelect Prior Authorization/Notification/Referral Requirements lists for ERS participants.

- Molecular and genomic testing
- Radiation oncology for all outpatient and office services
- Advanced radiology imaging
- Sleep studies and sleep durable medical equipment

To obtain prior authorization through eviCore you may use one of the following methods:

- Use the eviCore healthcare web portal, which is available 24/7. After a one-time registration, you can initiate a case, check status, review guidelines, view authorizations and eligibility, and more. The web portal is the quickest, most efficient way to obtain information.
- Call eviCore at 855-252-1117 toll-free between 6 a.m.-6 p.m. CT, Monday through Friday, and 9 a.m.-noon CT, Saturday, Sunday and legal holidays.

For all other services (not listed above) that require a referral and/or prior authorization, providers should refer to the telephone numbers on participants' ID cards, or physicians, professional providers and facilities contracted with BCBSTX can access iExchange®. Go to iExchange to learn more or set up a new account.

Watch for additional information regarding ERS in future editions of this newsletter and on BCBSTX's provider website.

If you have any questions or if you need additional information, please contact your BCBSTX Network

Management Representative.

eviCore is a trademark of eviCore health care, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSTX.

iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by third-party vendors such as Medecision. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Claims & Eligibility

Changes to Billing and Documentation Information and Requirements

Blue Cross and Blue Shield of Texas (BCBSTX) is implementing changes to clarify existing policies related to billing and documentation requirements for the following plans:

- **Blue Choice PPO℠**
- **Blue Advantage HMO℠**
- **Blue Essentials℠**
- **Blue Premier℠**
- **Blue Cross Medicare Advantage (PPO)℠**
- **Blue Cross Medicare Advantage (HMO)℠**

The policy changes below are effective **Sept. 15, 2017**. They are also reflected in the provider manuals found on the BCBSTX provider website at **Standards and Requirements/Manuals / Section E / Filing Claims**.

Billing, Documentation and Requirements

Permissible Billing

BCBSTX does not permit pass-through billing, splitting all-inclusive bills or under-arrangement billing. Billing practices where a provider or entity submits claims by or for another provider not otherwise addressed in the provider's agreement or in the policy are also not allowed.

Pass-through Billing

Pass-through billing occurs when the ordering physician, professional provider, facility or ancillary provider requests and bills for a service, but the service is not performed by the ordering physician, professional provider, facility or ancillary provider. The performing physician, professional provider, facility or ancillary provider is required to bill for the services they render unless otherwise approved by BCBSTX.

BCBSTX does not consider the following scenarios to be pass-through billing:

- The service of the performing physician, professional provider, facility or ancillary provider is performed at the place of service of the ordering physician or professional provider, and billed by the ordering physician or professional provider.
- The service is provided by an employee of a physician, professional provider, facility or ancillary provider (i.e., physician assistant, surgical assistant, advanced nurse practitioner, clinical nurse specialist, certified nurse midwife or registered first assistant who is under the direct supervision of the ordering physician or professional provider).
- The service is billed by the ordering physician or professional provider.

The following modifiers should be used by the supervising physician when he or she is billing for services rendered by a physician assistant (PA), advanced practice nurse (APN) or certified registered nurse first assistant (CRNFA):

- **AS modifier:** A physician should use the AS modifier when billing on behalf of a PA, APN or CRNFA, including their National Provider Identifier, for services provided when the PA, APN or CRNFA is acting as an assistant during surgery. The AS modifier should only be used if the PA, APN or CRNFA assists at surgery.
- **SA modifier:** A supervising physician should use the SA modifier when billing on behalf of a PA, APN or CRNFA for non-surgical services. The SA modifier should be used when the PA, APN or CRNFA is assisting with any other procedure that **does not** include surgery.

Under-arrangement Billing
Under-arrangement billing, and other similar billing or service arrangements are not permitted by BCBSTX. Under-arrangement billing refers to situations where services are performed by a physician, facility or ancillary provider, but the services are billed under the contract of another physician, facility or ancillary provider, rather than under the contract of the physician, facility or ancillary provider that performed the services.

All-inclusive Billing
Any testing performed on patients treated by a physician, professional provider, facility or ancillary provider that is paid on an all-inclusive rate should not be billed separately by the facility or any other provider. The testing is a part of the per diem or outpatient rates paid to a facility for such services.

The physician, professional provider, facility or ancillary provider may, at their discretion, use other providers to deliver services included in their all-inclusive rate, but remain responsible for costs and liabilities of those services that will be paid by the facility and not billed directly to BCBSTX.

For all-inclusive billing, all testing and services that share the same date of service for a patient must be billed on one claim. Split billing is a violation of network participation provider agreements.

Other Requirements and Monitoring

CLIA Certification Requirement
Facilities and providers who perform laboratory testing on human specimens for health assessment or the diagnosis, prevention or treatment of disease are regulated under the Clinical Laboratory Improvement Amendments (CLIA) of 1988. Therefore, any provider who performs laboratory testing, including urine drug tests, must possess a valid CLIA certificate for the type of testing performed.

Code Review
BCBSTX may monitor how test codes are billed, including the frequency of testing. Abusive billing, insufficient or lack of documentation to support the billing (including a lack of appropriate orders) may result in action taken against the provider's network participation and/or 100 percent review of medical records for claims submitted.

Limitations and Conditions
Reimbursement is subject to:

- Medical record documentation, including appropriately documented orders
- Correct CPT/HCPCS coding
- Member benefit and eligibility
- Applicable BCBSTX medical policy

Obligation to Notify BCBSTX of Certain Changes
Physicians, facilities and ancillary providers are required to notify BCBSTX of material changes that impact their contract with BCBSTX including:

- Change in ownership
- Acquisitions
- Change of billing address
- Change in billing information

- Divestitures

Assignment
As a reminder, no part of the contract with BCBSTX may be assigned or delegated by a physician, facility or ancillary provider without the express written consent of both BCBSTX and the contracted provider.

If you have any questions or if you need additional information, please contact your BCBSTX Network Management Representative.

New ClaimsXten™ Rules to Be Implemented Soon

Beginning on Sept. 18, 2017, Blue Cross and Blue Shield of Texas (BCBSTX) will implement four new rules to the ClaimsXten software database:

1. **Add-on Without Base Code** – This rule will identify claim lines containing a CPT/HCPCS add-on code billed without the presence of one or more related primary service/base procedure codes. According to the American Medical Association (AMA), "add-on codes are always performed in addition to the primary service/procedure, and must never be reported as a stand-alone code."

2. **Global Component Billing** – This rule will identify procedure codes that have components (professional and technical) to prevent overpayment for either the professional or technical components, or the global procedure. The rule will also identify when duplicate submissions occur for the total global procedure or its components across different providers

3. **Duplicate Component Billing** – This rule identifies when a professional or technical component of a procedure is submitted and the same global procedure was previously submitted by the same provider ID for the same member for the same date of service.

4. **New Patient Code for Established Patient** – This rule identifies claim lines containing new patient procedure codes submitted for established patients. According to the AMA, "A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the last three years."

   Similar guidance is provided by the Centers for Medicare and Medicaid Services: According to Pub 100-04, Medicare Claims Processing Manual Ch. 12, Physicians/Non-Physicians Practitioners, Section 30.6.7, Subsection A, "Medicare interpret the phrase 'new patient' to mean a patient who has not received any professional services, i.e., E/M service or other face-to-face service (e.g., surgical procedure) from the physician or physician group practice (same physician specialty) within the previous three years."

For more details regarding ClaimsXten, including answers to frequently asked questions, refer to the Clear Claim Connection™ page on the BCBSTX provider website. Information will be published in upcoming issues of *Blue Review*.

Checks of eligibility and/or benefit information are not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

New EFT and ERA Information Available Online

Blue Cross and Blue Shield of Texas (BCBSTX) recently updated the Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA) page on BCBSTX's provider website. This page focuses on electronic transactions that may increase administrative efficiencies for your office, while also making it easier for you to conduct business with BCBSTX.

Recent enhancements to the EFT/ERA page include resources to help you learn more about EFT and ERA. In addition to new EFT and ERA Online Enrollment Tip Sheets, the page includes links to updated EFT and ERA 835 Companion Guides and other pertinent information.

Electronic options offer health care providers a more efficient alternative to the traditional paper methods. Providers are encouraged to enroll for EFT and ERA through the Availity™ Web Portal, which also allows users to make any necessary set-up changes online. Once an organization is enrolled for ERA, providers and billing services also gain access to the Availity Remittance Viewer. This tool allows users to search, view, save and print remittance information, even if the ERA is delivered to a vendor and/or clearinghouse other than Availity.

Online EFT and ERA enrollment is available to registered Availity users. To register for Availity, simply go to availity.com and sign up today. There is no cost to register to become an Availity user.

For providers who are unable to access Availity to complete the online EFT and ERA enrollment process, paper EFT and ERA enrollment forms are available in the Education and Reference Center/Forms section on BCBSTX's provider website.

We encourage you to visit the EFT/ERA page in the Claims and Eligibility section of our provider website for additional information on electronic options. For assistance with EFT and ERA enrollment through Availity, or to learn more about how to use the remittance viewer tool, contact a BCBSTX Provider Education Consultant at ECommerceHotline@bcbsil.com or 800-746-4614.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

EFT and ERA Update for Non-contracted Blue Cross Medicare Advantage Plan Providers

Effective July 24, 2017, if you are contracted with Blue Cross and Blue Shield of Texas (BCBSTX) and have enrolled to receive Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) files from BCBSTX, then you will begin receiving EFTs and ERAs for Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM member claims. This applies even if you are not participating in a Blue Cross Medicare Advantage provider network. Specifically, this information applies to claims submitted for any of the following BCBSTX government program members:

- Blue Cross Medicare Advantage (PPO) (MA PPO)
- Blue Cross Medicare Advantage (HMO) (MA HMO)

This notice provides an update to a March 2017 announcement that specified delivery of paper checks and provider claim summaries to non-contracted government program providers. Please continue watching the News and Updates section on BCBSTX's provider website and the Blue Review newsletter for additional information.

EFT and ERA Enrollment
If you are not currently enrolled to receive EFT or ERA from BCBSTX, we encourage you to enroll online through the AvailityTM Web Portal, which also permits users to make any necessary set-up changes online, at no cost. To learn more about EFT and ERA enrollment, visit the EFT/ERA page on BCBSTX's provider website.

If you have questions or need assistance with EFT and ERA enrollment through Availity, contact a BCBSTX Provider Education Consultant at ECommerceHotline@bcbsil.com or 800-746-4614.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Education & Reference

Video: TMA PracticeEdge – A Year in Review

Watch this video that looks back at the first year of TMA PracticeEdge, LLC – a joint venture between BCBSTX and the Texas Medical Association (TMA), which has helped Texas maintain a strong base of independent physicians in high-functioning practices. Dr. Dan McCoy, President of BCBSTX, interviews an employee to gain insights into the program. You can view this and other videos on the Blue Promise blog, which aims to address complicated health issues with candid conversations from subject matter experts.

Clinical Resources

Where Data Flows, Improvements are Bound to Follow

Payers and providers are increasingly collaborating to share clinical and claims data, with the shared goal of working to improve health outcomes and better manage the overall cost of care to consumers.

One of the main goals of Blue Cross and Blue Shield of Texas (BCBSTX) is to help our members – your patients – have access to quality, affordable health care. Access to data and analytics in a way that helps transform data into actionable insights plays a role in meeting this goal and helps drive value-based outcomes. Secure and timely information exchange across health system stakeholders regardless of geography, point of care or type of information system used enables better care connections and more informed diagnostic and treatment decisions.

BCBSTX has launched a multi-pronged, multi-year effort to put quality, provider performance and member clinical data within easy reach of providers electronically 24/7. Our endeavors are bringing technology experts, data scientists, health care quality professionals and select participating providers together to create and fine-tune new and sophisticated tools and systems.

Three Synergistic Data Solutions to Improve Quality of Care

1. We are now in the pilot stage of offering new, strategic reporting of providers' own practice data, called **Provider and Network Decision Analytics**SM. This tool will provide a more comprehensive evaluation of providers' cost efficiency performance and treatment pattern differences compared to their peers within the network of independently contracted providers, using claims data from our members. We are currently evaluating the process to make adjustments before we deliver this insightful reporting tool in the near future. One goal of the tool is to help you and other providers learn from each other and leverage each other's individual strengths, while gaining insights into successful practices of others.

This tool will enable you to:

- View how your relative cost performance derived from episodes of care (such as treatments for appendicitis or osteoarthritis) compares to the performance of similar providers in your area.
- See additional reporting to demonstrate provider-to-provider relationships through shared patient analysis as teams of providers naturally form working relationships.
- Understand how care given by providers you share patients with affects the total cost of care for your patients.
- Compare how services you provide your patients varies from some of your peers and how those peers may treat patients with similar conditions.
- Identify actions you can take that may have a positive impact on your patients' health and help reduce their out-of-pocket costs.

We believe access to this type of data can drive both value and quality enhancements.

2. For quality measurement and reporting, we are introducing **Electronic Quality Intelligence for Providers**SM. Our new care quality reporting tool is designed to enable providers to view their quality performance against various standardized performance measures across their entire BCBSTX patient population. It seeks to deliver timely information about patient care and risk gaps. Quality performance can be viewed at various levels: by organization, plan type and individual provider. Filters that are envisioned for this program will enable providers to view their quality performance by medical condition, patient gender and/or age range, or individual patient. These reports are meant to:

   - Enable providers to better monitor their quality performance and attend to potential gaps in care more quickly.
   - Support the development of scalable quality improvement programs that are more responsive to priority quality performance trends.
   - Better inform care teams and practice leadership decision making.

   This project is currently being reviewed by a select audience. The new tool is rolling out in waves, with a broader implementation in the near future, including plans to add physician/specialist reporting. Ultimately, it will also be offered to facilities to aid in their accreditation and quality reporting requirements.

3. Our **Clinical Data Exchange** solution creates a bi-directional flow of information between BCBSTX and independently contracted participating providers. We are advancing a series of services to exchange clinical information electronically, 24/7. Special focus has been placed on developing secure data exchange capabilities that are readily accessible and easily incorporated within their existing workflows.

   This effort builds channels and capabilities to enhance the exchange of key clinical data categories. Providers and BCBSTX rely on this data to make more informed decisions and improve operations. Our data exchange solution will make it easier and quicker for providers to access member health summary data at the site of care. Additionally, submitting what BCBSTX needs for health plan operations will be easier and quicker, such as claims processing, precertification reviews, health care management, risk adjustment applications and quality improvement initiatives.

   BCBSTX anticipates introducing the clinical data solution in the months ahead.

We are committed to becoming your payer of choice by making it easier to do business with us. We know we can work together to enhance the care our members receive and help them better afford the care they need. Together, we can make the health system work better for all stakeholders.

Keep reading future issues of *Blue Review* to find out what's new with this initiative.

The initiatives discussed in this article rely upon claims information that BCBSTX receives from providers and therefore, may not represent a complete picture of a provider's practice or the medical services that a member may have received. The initiatives are designed with the goal to assist health care providers and members in better coordinating care and improving health outcomes. The programs are not a substitute for the independent medical judgment of a health care provider. Health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining a course of treatment.