Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to offer an innovative program that recognizes Texas physicians who deliver excellent care to patients diagnosed with diabetes. Partnering with the Bridges to Excellence (BTE) Diabetes Care Recognition program offered by Health Care Incentives Improvement Institute (HC13), BCBSTX demonstrates our commitment to making health and wellness a priority for our members. This program financially rewards network physicians for their performance and their BTE Diabetes Care recognition status.

**Goals of the Diabetes Care Program**

- Improve patient outcomes and their quality of life
- Financially reward physicians who provide excellent care to members with diabetes
- Reduce the economic burden of caring for members with diabetes
- Link into other established BCBSTX Blue Care Connection medical and dental programs that interact directly with members to improve their health and disease condition

**BCBSTX Diabetes Program Model**

There are **two steps** to take in order to participate in this incentive program.

**Step One:** Become a BTE recognized diabetes care provider. Although BCBSTX provides guidance and instruction, this first step is between the physician and the BTE organization.

BTE collects specific data from your medical records for patients with diabetes. This data is scored by CECity’s MedConcert, a performance assessment organization (PAO). A score of 60 out of 100 allows a physician to become recognized for diabetes care. There are three pathway options for submitting the data to be scored.

**Option One:** Have your EMR vendor pull the data and submit it for scoring. You have this option if you use one of the following EMR providers that partners with BTE: Athena Health, eClinicalWorks, Epic, Forward Health Group, GE Centricity, MediTab, or Meridios. The EMR will submit data for all patients with diabetes who meet the program parameters. Contact the person listed below for your EMR vendor to proceed with this option.
Option Two: Submit data directly on the bte.medconcert.com website. For this option you take a random sample of 25 records of your patients with diabetes and enter the requested data at bte.medconcert.com. There is a fee of $145 for an individual physician or $395 for a group of 3 – 20 physicians. For group submissions all providers in the group receive the same score which is an average score from all data submitted.

Instructions for Option Two:
1. Go to bte.medconcert.com (there is no www at the beginning) and click “Get Started.”
2. Click “Get Started” again if you have never logged on before. Otherwise log in.
3. Answer the questions to obtain a User ID and Password.
4. Once you are logged in to MedConcert (you are not at the BTE part of the website yet), click on the “Apps” tab at the top of the page.
5. On the Apps page choose “Bridges to Excellence” from the alphabetical list. Once you have selected the BTE app, BTE information will be on your home page for future log-ins.
6. At this point start with the instructions from the User Guide by clicking here. Print these instructions for easy reference.
7. If you encounter technical questions or problems while entering your BTE information, send an email to support@medconcert.com. Please include the following information in your email:
   a. Your Name
   b. Physician’s Name
   c. Physician’s NPI
   d. Email Address
   e. Phone Number
   f. User Name for the bte.medconcert.com website
   g. Describe the problem you are experiencing. The technical team is good about quickly responding to your questions.

<table>
<thead>
<tr>
<th>EMR Vendor</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athena Health</td>
<td>Alexis Isabelle&lt;br&gt;<a href="mailto:bte@athenahealth.com">bte@athenahealth.com</a></td>
</tr>
<tr>
<td>eClinicalWorks</td>
<td><a href="mailto:incentiveprograms@eclinicalworks.com">incentiveprograms@eclinicalworks.com</a></td>
</tr>
<tr>
<td>Epic</td>
<td>Sasha TerMaat&lt;br&gt;<a href="mailto:sasha@epic.com">sasha@epic.com</a></td>
</tr>
<tr>
<td>Forward Health Group</td>
<td>James Mattes&lt;br&gt;608-729-7515&lt;br&gt;<a href="mailto:James.mattes@forwardhealthgroup.com">James.mattes@forwardhealthgroup.com</a></td>
</tr>
<tr>
<td>GE Centricity</td>
<td><a href="mailto:info@meridios.com">info@meridios.com</a></td>
</tr>
<tr>
<td>MediTab</td>
<td>510-631-8021&lt;br&gt;<a href="mailto:info@meditab.com">info@meditab.com</a></td>
</tr>
<tr>
<td>Meridios</td>
<td><a href="mailto:info@meridios.com">info@meridios.com</a></td>
</tr>
</tbody>
</table>
You will submit data from patients who:
- Are between ages 18 and 75
- That you have seen for diabetes for *at least* one year
- From *ALL* insurance populations

**Option Three:** Become recognized for diabetes care through National Committee for Quality Assurance (NCQA) at [www.ncqa.org](http://www.ncqa.org). Data from a sample of 25 of your patients is required. Pricing is available on the NCQA website. Though it is more expensive than Option 2, physicians who choose this option can achieve both NCQA and BTE recognitions with one data submission. Your NCQA accreditation will last for three years, however BTE recognition must be renewed after two years.

**BTE Diabetes Care Recognition Program Measures, Performance Criteria and Scoring**
The following table outlines the measures and criteria used to assess physician performance by the BTE organization when determining Diabetes Care Recognition status. The scoring is not per patient but for your entire submission. For example, if 10 of your 25 patients had a podiatry exam you would receive 2 out of 5 possible points for that measure. (10 is 40% of 25 patients and 2 is 40% of 5 possible points.)

<table>
<thead>
<tr>
<th>Clinical Measures</th>
<th>Threshold</th>
<th>Minimum Criteria</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poor Control Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c Control</td>
<td>&gt; 9.0</td>
<td>≤ 27.5% of pts in sample</td>
<td>15</td>
</tr>
<tr>
<td>Blood Pressure Control</td>
<td>≥ 140/90</td>
<td>≤ 40% of pts in sample</td>
<td>15</td>
</tr>
<tr>
<td>LDL Control</td>
<td>≥ 130 mg/dl</td>
<td>≤ 40% of pts in sample</td>
<td>10</td>
</tr>
<tr>
<td><strong>Superior Control Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c Superior Control 1</td>
<td>&lt; 7.0</td>
<td>≥ 40% of pts in sample</td>
<td>5</td>
</tr>
<tr>
<td>HbA1c Superior Control 2</td>
<td>&lt; 8.0</td>
<td>≥ 40% of pts in sample</td>
<td>5</td>
</tr>
<tr>
<td>Blood Pressure Superior Control</td>
<td>&lt; 130/80</td>
<td>≥ 30% of pts in sample</td>
<td>10</td>
</tr>
<tr>
<td>LDL Superior Control</td>
<td>&lt; 100 mg/dl</td>
<td>≥ 35% of pts in sample</td>
<td>10</td>
</tr>
<tr>
<td><strong>Process Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmologic Exam</td>
<td>N/A</td>
<td>N/A</td>
<td>10</td>
</tr>
<tr>
<td>Nephropathy Exam</td>
<td>N/A</td>
<td>N/A</td>
<td>5</td>
</tr>
<tr>
<td>Podiatry Exam</td>
<td>N/A</td>
<td>N/A</td>
<td>5</td>
</tr>
<tr>
<td>Tobacco Status and Cessation Advice and Treatment</td>
<td>N/A</td>
<td>N/A</td>
<td>10</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Possible Points</strong></td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td><strong>Percentage of Total Points Needed to Achieve Recognition</strong></td>
<td></td>
<td></td>
<td>60</td>
</tr>
</tbody>
</table>
**Step Two:** Participate in the BCBSTX incentive program

- After a physician achieves recognition, he/she is automatically included in the BCBSTX incentive program
- BCBSTX obtains Bridges to Excellence recognized provider list from HCI3 each month
- BCBSTX attributes Blue Cross and Blue Shield of Texas members with diabetes to their BTE recognized physicians
- BCBSTX loads the patient information on www.txproviderportal.com and mails User Name and Password to first time portal users
- Physician logs in to portal, enters and submits biometric information
- Authorization to file claims is produced on portal once biometric information is submitted
- Physician files claims on the approved patients. BCBSTX pays the incentive through the claims payment system

An explanation of these steps is provided below.

“**Attribution**” is the process of linking a member to a physician for this program. A member is attributed to a physician every 12 months. The steps below describe how attributions are assigned for both members and physicians.

**Members:**
- Must have a Texas address
- A diagnosis code from Appendix A
- Must be 5 years of age or older
- Must have at least one inpatient claim or one face-to-face visit in the last 15 months
- Must be a Blue Cross and Blue Shield of Texas PPO/POS, HMO or retail exchange member
- Program excludes Blue Card (BCBS members from other states), FEP and Medicare eligible members

**Physicians:**
- Must be an MD or DO and non-Hospital Based
- Must have at least one face to face claim with E&M code
- If member sees multiple providers, then the following hierarchy will apply
  - Endocrinologist is selected
  - If patient does not see an endocrinologist or if there are multiple providers, then greatest number of claim service dates determines selection
  - If still multiple providers, then most recent service date claim
  - If still multiple providers, then select the provider with the largest total allowed dollars
  - If still multiple providers, select the provider using the highest provider ID

**Biometrics requested by BCBSTX**
- HbA1c
- Blood Pressure
- Low Density Lipoprotein (LDL) or total cholesterol if LDL is too high to measure
To receive the incentive payment for a patient all three measures must have been performed during the 12 months prior to the attribution date stated on the form up to three months after the attribution date.

**Filing claims for incentive payment**

Once the biometric information is submitted on the portal, authorizations to file claims are available on the portal. Incentive money is paid through the normal claim filing system—file these claims to BCBSTX following your established process. Instructions are provided with the authorizations including:

- Use the authorization date provided as the Date of Service (DOS) on the claim. This date does not represent a visit to your office; it matches the date in our system for a BTE claim.
- Use CPT code 99368 on the claim. BCBSTX uses this code for BTE payments.
- Use patient’s diabetes ICD-9 code from your medical records
- Amount billed is $150.00.
- Only file this one service line on BTE claims
- Timely claim filing rules apply to these claims, which is one year from the DOS provided.

**BCBSTX BTE Incentive Program “Good to Know”**

- Your first patient list will be available on [www.txproviderportal.com](http://www.txproviderportal.com) toward the end of the month following your recognition month
- New patients are posted on the portal every six months
- Incentives are paid per patient per year

**Contact Information**

Most questions can be answered at BCBSTX

Email:  [bridges_to_excellence@bcbstx.com](mailto:bridges_to_excellence@bcbstx.com)
Phone:  972-766-6397
Fax:     972-238-7052

Technical issues for bte.medconcert.com

Email at [support@medconcert.com](mailto:support@medconcert.com) and include in your email:
- Name
- Clinician Name
- Clinician NPI
- User Name for bte.medconcert.com
- Email address
- Phone #
- Problem you are experiencing

Questions for the BTE organization at HCI3

Jessica DiLorenzo, Program Implementation Leader
Email:  [jessica.dilorenzo@hci3.org](mailto:jessica.dilorenzo@hci3.org)
Phone:  518-355-2893
Appendix A

Diabetes Program ICD-9 Codes

For Step One—BTE Recognition: When submitting patient data on bte.medconcert.com one diagnosis code with at least one CPT code from the following lists must have been billed in the past 12 months for a patient to be qualified.

For Step Two—Attribution: BCBSTX patients who have one of the following diagnosis codes and at least one of the listed CPT codes in the previous 15 months will be attributed to a physician.

ICD-9 Codes
250.00 – 250.93 – Diabetes mellitus
357.2      - Polyneuropathy in diabetes
362.01 – 362.07 - Diabetic Retinopathy
366.41     - Diabetic cataract
648.00 – 648.04 - Diabetes as a condition of the mother complicating pregnancy

CPT Encounter Codes
99201, 99202, 99203, 99204, 99205,
99211, 99212, 99213, 99214, 99215,
99217, 99218, 99219,
99220, 99221, 99222, 99223,
99231, 99232, 99233, 99238, 99239,
99281, 99282, 99283, 99284, 99285,
99291,
99304, 99305, 99306, 99307, 99308, 99309,
99310, 99315, 99316, 99318,
99324, 99325, 99326, 99327, 99328,
99334, 99335, 99336, 99337,
99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349,
99350, 99455, 99456,
G0402, G0438, G0439

ICD-10 Codes
E08.311, E08.319, E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E08.36,
E08.40, E08.42,
E10—any E10 code
E11—any E11 code
E13—any E13 code
G45.3,
H31.1—any H31.1 code
H34—any H34 code
H35—any H35 code except H35.33
H36
O24—any O24 code except the O24.4 codes