

## Half of U.S. Hospitals Reporting to Leapfrog Say They Won't Bill for a "Never Event"

Just over half (52 percent) of hospitals responding to the Leapfrog Hospital Quality and Safety Survey indicate they have adopted the Leapfrog Never Events policy, which includes not billing for a "never event" - a medical error that should never happen to a patient.

The Leapfrog Group said this year, 1,285 hospitals reported for the first time on their adherence to the Leapfrog Never Events policy. By agreeing to this policy, hospitals pledge to: 1) Apologize to the patient and/or family affected by the never event; 2) Report the event to at least one of the following agencies: the Joint Commission, a state reporting program for medical errors, or a Patient Safety Organization; 3) Perform a root cause analysis, consistent with instructions from the chosen reporting agency; and 4) Waive all costs directly related to the serious reportable adverse event.

Leapfrog follows the National Quality Forum's (NQF) definition of never events. The NQF's list of 28 "serious reportable events" includes errors such as surgery performed on the wrong body part or on the wrong patient, leaving a foreign object inside a patient after surgery, and discharging an infant to the wrong person.

An analysis of survey results seems to show that smaller hospitals have a slight edge over larger ones in the rate of adoption of the Leapfrog Never Events policy. The following percentages of hospitals responded that they agree to the policy: a) 59 percent of small hospitals (1-100 beds); 53 percent of medium hospitals (101-250 beds); 48 percent of large hospitals (251+ beds).

Hospitals that agree to the Never Events policy are twice as likely to have scored full points on the Leapfrog Safe Practices Score (SPS) than those hospitals that have not adopted the policy. The SPS, "an indicator of how committed a hospital is to maintaining high levels of quality and safety," asks hospitals how well they implement 27 of the NQF's Safe Practices. Thirty-three percent of hospitals who commit to the Leapfrog Never Events policy have scored full points on the SPS; only 17 percent of those who did not commit to the policy scored full points on the SPS.

For more information, contact The Leapfrog Group at (202) 292-0613, [www.leapfroggroup.org](http://www.leapfroggroup.org).

Source: *The Managed Care Information Center, www.themcic.com, accessed 2/5/08.*

### NPI Deadline Approaching

Providers must notify Blue Cross of their NPI(s) before **May 23, 2008**.

- We cannot receive notice of your NPI through a claim.
- If you have notified us of your NPI, you must file claims with your NPI or with both your NPI and taxonomy number.
- If you **do not** notify us of your NPI before May 23, 2008, any claims filed regardless of having an NPI or both an NPI and taxonomy number, will be rejected.

For more information on how to obtain an NPI and how to notify us, please visit [www.bcbsla.com](http://www.bcbsla.com).

## Blue Cross and Blue Shield Association Unveils 5-Point Plan for Covering All Americans

Blue Cross and Blue Shield Association (BCBSA) recently unveiled a comprehensive five-point plan - "The Pathway to Covering America" - for building on the employer-based system to improve quality, rein in costs and expand coverage to all Americans.

The "Pathway" plan lays out detailed recommendations to change the incentives in today's health delivery system to help assure high-quality, affordable care and offers solutions to expand access to healthcare coverage. For each of the five action steps, the proposal outlines what Blue Cross and Blue Shield Plans are doing in their local communities and the necessary actions to be undertaken by the government. BCBSA's five-point plan for comprehensive reform includes the following:

### **Improving Quality and Value**

- 1) **Encourage Research on What Works.** Today, an estimated 30 percent of healthcare spending goes toward care that is ineffective, redundant or inappropriate. America needs an independent institute to support research comparing the relative effectiveness of new and existing medical procedures, drugs, devices and biologics.
- 2) **Change Incentives to Promote Better Care.** The incentives in our system must be changed to advance the best possible care instead of encouraging more services. Providers should be rewarded for delivering high-quality, coordinated care, especially for the increasing number of Americans with chronic illnesses.
- 3) **Empower Consumers and Providers.** Consumers and providers must have access to the information and tools they need to make informed decisions. This starts with information systems to manage personal health records. Consumers need to know how much they are paying for their healthcare and what they are getting in return.
- 4) **Promote Health & Wellness.** The costs of treating chronic conditions are estimated to account for 75 percent of healthcare spending. As a nation, we must promote healthy lifestyles to help prevent chronic illness and work aggressively to help patients with chronic illnesses manage their own health.

### **Expanding Coverage**

- 5) **Foster Public-Private Coverage Solutions.** Coverage plans need to be tailored to capture the diversity of the uninsured population so that no one gets "squeezed out" by cost, "misses out" on available government assistance or "opts out" because they do not think they need health coverage.

For more information, visit [www.bcbs.com/pathwayreport](http://www.bcbs.com/pathwayreport).

Source: Blue Cross and Blue Shield Association, [www.bcbs.com/issues/uninsured/pathway-to-covering-america](http://www.bcbs.com/issues/uninsured/pathway-to-covering-america), accessed 3/10/08.

## **CPT and HCPCS Codes Updated for 1st Quarter 2008**

Blue Cross and Blue Shield of Louisiana recently completed a review of new 2008 CPT® and HCPCS codes. As a result, minor updates were made to the outpatient Surgical and Diagnostic and Therapeutic Services code ranges. These updates were effective January 1, 2008. A notification letter including a list of the updated codes was sent to your facility via e-mail or U.S. mail on February 21. If you did not receive a copy of the letter, please e-mail us at [provider.communications@bcbsla.com](mailto:provider.communications@bcbsla.com).

## **New MS-DRGs - Effective August 1, 2008**

On August 1, 2007, the Centers for Medicare and Medicaid Services (CMS) replaced its current Diagnostic Related Grouping (DRG) Code Set to the Medical Severity Grouping (MS-DRG) Code Set which recognizes the differences in patient severity. Due to a limited amount of time allowed to analyze and implement the new MS-DRG System, Blue Cross and Blue Shield of Louisiana decided not to implement the 2008 MS-DRG Grouper (version 25) on this date and we have continued to utilize the 2007 DRG Grouper (version 24).

The new MS-DRG System may affect your Member Provider Agreement Reimbursement

Appendix. If so, you will receive communication from us requesting that you sign the amendment, which includes a new MS-DRG Case Rate schedule effective for claims with dates of service on and after August 1, 2008. This will not affect your current reimbursement. Additionally, a new section has been added to the Reimbursement Appendix that will allow us to implement the CMS MS-DRG annual replacement schedule more efficiently.

### Admission and Recertification Request Form Required

Blue Cross and Blue Shield of Louisiana and our wholly owned subsidiary HMO Louisiana, Inc. (HMOLA) require authorization for rehabilitation (rehab), skilled nursing (SNF) and long term acute care (LTAC) services. In an effort to simplify this process and to ensure that we have all of the necessary information to make appropriate authorization decisions, we have developed a request form for rehab, SNF and LTAC providers to use when requesting authorization for initial admission and recertification of an existing authorization.

The new Admission and Recertification Request Form and speed guide are available on the Provider page of our Web site at [www.bcbsla.com](http://www.bcbsla.com). Effective April 1, 2008, rehab, SNF and LTAC authorization requests submitted without this request form will be sent back to the facility for completion, thus delaying the authorization process. When requesting authorization, simply complete the form and fax it to (800) 267-6548, Attn. Case Management Unit.

If you have questions about completing this form or the authorization process for rehab, SNF and LTAC services, please contact the Case Management Unit at (800) 317-2299.

### Baton Rouge General Added as MedSelect Hospital

Blue Cross and Blue Shield of Louisiana is pleased to announce that Baton Rouge General was added to our BlueChoice65 Select network effective February 1, 2008.

### Blue Cross Plans Update Hospital Measurement and Improvement Program

The most recent data update to the Hospital Measurement and Improvement Program is now activated on the web-application. Centers for Medicaid and Medicare Services (CMS) measures are reported for the period of April 2006 - March 2007, which is the most recent data released by CMS. Patient safety indicators reflect 2006 data for Medicare and All Payer data. This release includes the upgrade in risk adjustment methodology from refined DRGs to all-patient refined DRGs (APR-DRG) on the Patient Safety Indicators:

- AMI Inpatient Mortality (WebMD)
- Postoperative Septicemia (AHRQ)
- Postoperative PE/DVT (AHRQ)
- Infection due to medical care (AHRQ)
- OB trauma without instruments (AHRQ)

### Blue Membership as of February 2008

Alexandria	39,574
Baton Rouge Area	181,424
Lafayette Area	128,287
Lake Charles Area	62,726
Monroe Area	42,721
New Orleans Area	239,579
Shreveport Area	87,707
Out of State	7,031
ITS (includes BlueCard members)	319,824
Dental only	1,329
<b>Total</b>	<b>1,110,202</b>

The APR-DRG severity adjusting methodology was applied to both the current and prior scores for the track and trend feature. To check your facility's current data, temporary access information has been provided below. Please do not distribute this access information outside your organization. (Note: The password is case sensitive.)

- Go to [www.selectqualitycare.com](http://www.selectqualitycare.com)
- Click on "Demonstration Area"
- Enter User Name: network pilot
- Enter Password: demo

BCBSLA may make this information available to group decision-makers for national accounts as needed. The next updated report is targeted for release by April 30, 2008.

If you have any questions, comments or feedback on the Blue Distinction Hospital Measurement and Improvement Program, please contact us at (800) 716-2299, option 1 or contact Ms. Kim Gassie at (225) 297-2685.

#### **Program Background**

Blue Cross and Blue Shield of Louisiana (BCBSLA), in collaboration with 32 other Blue Plans, has developed an initiative to report key performance metrics for all of our network hospitals. The Blue Distinction Hospital Measurement and Improvement Program focuses on reporting publicly available, nationally recognized performance measures. The objective of this program is to provide quality performance information to hospitals and employers nationwide. The program allows more accessibility to information that is already publicly available and creates no additional reporting burden on hospitals.

The program integrates over 26 hospital performance criteria from two public sources: Centers for Medicare and Medicaid Services (CMS) and Agency for Healthcare Research and Quality (AHRQ). Data for all measures has been collected and summarized by WebMD Quality Services on behalf of the Blue Cross Blue Shield Association (BCBSA) and is accessible to participating Blue Plans, hospitals and national account employers. The web-based reports are updated using the most recent data available.

#### **Baton Rouge, New Orleans, Northshore area providers:**

Merle Francis, Manager • (225) 297-2660 • [merle.francis@bcbsla.com](mailto:merle.francis@bcbsla.com)

#### **Alexandria, Lafayette, Lake Charles, Monroe, Shreveport area providers:**

Susan Slocum, Manager • (337) 593-5731 • [susan.slocum@bcbsla.com](mailto:susan.slocum@bcbsla.com)

#### **Executive Contacts:**

Dawn Cantrell, Vice President

(225) 295-2305 • [dawn.cantrell@bcbsla.com](mailto:dawn.cantrell@bcbsla.com)

Richard Williams, Senior Vice President

(225) 295-2296 • [richard.williams@bcbsla.com](mailto:richard.williams@bcbsla.com)



An independent licensee of the Blue Cross and Blue Shield Association

**[www.bcbsla.com](http://www.bcbsla.com)**