

- 1. Who is Change Healthcare?**
 - a. Blue Cross and Blue Shield of Alabama has contracted with Change Healthcare, an independent company, to review the use of the Evaluation and Management (E&M) codes and billing of Modifier 25 for all physicians participating in the network as part of ongoing claim review activities.
- 2. How did I (provider) end up in this program?**
 - a. An analysis was conducted of E&M claims paid between October 2015 and September 2016 for the purpose of identifying those physicians who are billing level 4 & 5 codes or Modifier 25 significantly more often than other physicians within the same specialty treating patients of similar age. Your office was identified to be billing a volume of level 4 & 5 codes (and/or) Modifier 25 considerably higher than the expected billing distribution as was determined by the average billing behavior of other physicians within your specialty.
- 3. Who am I compared to?**
 - a. Providers within your specialty, billing for the same services to Blue Cross.
- 4. What data did you use?**
 - a. All claims received and paid by Blue Cross between October 2015 and September 2016.
- 5. How did you determine my specialty?**
 - a. Change Healthcare uses the provider's primary taxonomy code. Taxonomy is a 10 digit designation defining a provider's specialty from the publicly available National Plan & Provider Enumeration System (NPPES) from Centers for Medicare & Medicaid Services (CMS). Change Healthcare double-checks the specialty designation from NPPES against behavior in the Change Healthcare Multipayer data and re-assigns specialty if appropriate to a more accurate designation.
- 6. Am I being asked to repay money?**
 - a. No, we are not attempting to recover money. Rather, the program has been implemented to help providers identify where their billing behavior is far above their peer group, and to ensure billings follow Blue Cross' policies.
- 7. What do I need to do to be removed from the program?**
 - a. First, this inquiry should be re-directed to discuss possible reasons why the data is trending as an outlier, and to help determine the best course of action. Claims for outlier providers are monitored on a daily basis and outlier status is updated. If criteria are no longer met for outlier status, the provider will fall out of the program.
- 8. Will you begin holding claim payments?**
 - a. No, claim payments will not be held; however, Change Healthcare could temporarily suspend electronic claims for physician validation and resubmission.
- 9. Who can I contact at Blue Cross to voice my concerns?**
 - a. The provider should contact Change Healthcare first with questions. Change Healthcare has access to specific information to further explain the program and address specific concerns. The provider is welcome to contact their plan representative as well, but their representative will not be able to provide detailed responses.
- 10. Do you provide onsite training?**
 - a. No, however Change Healthcare will consult with you via telephone and web-ex if requested.
- 11. Did you consider my patient population?**
 - a. Yes, Change Healthcare does consider this factor when establishing a provider's peer group. Please consult with Change Healthcare regarding the specifics of your patient population.
- 12. Did you consider my geographic region?**
 - a. No. The same intensity of service to report a high level E&M code should be provided regardless of location.
- 13. Should I stop billing higher levels of service to prevent future audits?**
 - a. No. Providers should **accurately** report the service(s) to their patients. They are also encouraged to review BCBSAL's documentation guidelines to ensure criteria are met to report any level of service.