



Medicare Advantage HMO: 2022 In-Office Assessment Incentive Program

At Blue Shield of California (Blue Shield) and Blue Shield of California Promise Health Plan (Blue Shield Promise), we are committed to providing quality care for our Medicare Advantage HMO and Cal Medi-Connect members. We are pleased to offer an annual In-Office Assessment (IOA) Program that provides an incentive to IPA/medical groups or practitioners who participate in the program. Blue Shield and Blue Shield Promise are committed to promoting early detection and ongoing assessment of chronic conditions for our members.

Program Goal

The IOA Incentive Program rewards our IPA/medical groups or practitioners for ensuring every Medicare Advantage HMO & Cal Medi-Connect member receives an annual comprehensive health evaluation during their membership with Blue Shield or Blue Shield Promise. Each eligible member's IOA form contains information about their potential care gaps and suspected hierarchical chronic conditions (HCCs) that will need to be evaluated and assessed during 2022. The form must be forwarded to the practitioners who must provide complete and accurate documentation of the evaluation. All conditions must be assessed and documented to the highest degree of specificity in the medical record.

Program Period

Eligible Date of Service (DOS): January 1, 2022 through December 31, 2022

IOA Form Submission Date: March 1, 2022 through January 31, 2023

Payment and Schedule

Program information	IOA form & claim/encounter returned ≤ 60 days from DOS	IOA form & claim/encounter returned > 60 days from DOS	2022 payment processing dates
Timeliness	\$125	\$25	• July 1, 2022
At least 80% of potential gaps must be assessed with documentation verification	\$125	\$125	• October 3, 2022
			• January 2, 2023
Total potential payment	\$250	\$150	• April 3, 2023 (final payment)

To receive incentive payment, three requirements must be satisfied:

- The IOA form must be completed thoroughly by a practitioner (e.g., physician, physician assistant, nurse practitioner or clinical nurse specialist). The assessment can be performed using one of the following formats:
 - In-person office visit, or
 - Telehealth – must use an interactive audio and video telecommunication system (per CMS guidelines)
- Blue Shield must receive a claim/encounter record within 60 days from date of service (DOS).
 - The record must contain a G code (G0438-Initial Wellness Visit or G0439-Subsequent Wellness Visit).
 - Claims for telehealth IOAs must contain place of service code "02" or use the CPT telehealth modifier "95" with any place of service.
- Documentation must support at least 80% of potential chronic conditions (ongoing assessment and evaluation and applicable quality measures); percentage to be determined by Blue Shield.

IOA Form Submission: Step-by-Step

Instructions for IOA Forms Submission by IPA/Medical Group

1. IPA/medical groups must ensure the IOA form is completed thoroughly by a practitioner (e.g., physician, physician assistant, nurse practitioner or clinical nurse specialist).
2. Obtain completed IOA forms from practitioners and submit to Blue Shield along with supporting member's medical chart or electronic medical record (EMR) documentation using one of the following methods:

- **Online:** <https://uploads.episource.com/s/>
Enter ID _____ and password
(see attached Episource Portal document for instructions)
- **Email:** records@episource.com
- **FAX:** (866) 220-0168
- **Postal mail:** Episource 500 W. 190th Street, 4th Floor, Gardena, CA 90248

Note: Member's medical chart or EMR documentation must have member's name, date of birth, DOS, practitioner's name, credential, and signature (digital signature is acceptable via EMR) in order to satisfy this requirement.

3. Submit a claim/encounter record to Blue Shield within 60 days from DOS.
 - The record must contain a G code (G0438-Initial Wellness Visit or G0439-Subsequent Wellness Visit).
 - Claims for telehealth IOAs must contain place of service code "02" or use the CPT telehealth modifier "95" with any place of service.

Instructions for IOA Forms Submission by Practitioner

1. Practitioner(s) must ensure the IOA form is completed thoroughly.
2. Submit completed IOA form along with supporting member's medical chart or EMR documentation using the IPA/medical group's pre-defined submission method, or submit to Blue Shield using one of the following methods:

- **Online:** <https://uploads.episource.com/s/>
Enter ID _____ and password
(review the attached Episource Portal instructions document)
- **Email:** records@episource.com
- **FAX:** (866) 220-0168
- **Postal mail:** Episource 500 W. 190th Street, 4th Floor, Gardena, CA 90248

Note: Member's medical chart or EMR documentation must have member's name, date of birth, DOS, practitioner's name, credential, and signature (digital signature is acceptable via EMR) in order to satisfy this requirement.

3. Submit a claim/encounter record to IPA/medical group within 30 days from DOS.
 - The record must contain a G code (G0438-Initial Wellness Visit or G0439-Subsequent Wellness Visit).
 - Claims for telehealth IOAs must contain place of service code "02" or use the CPT telehealth modifier "95" with any place of service.

IOA Form Reference

Section for Potential Chronic Conditions (if applicable)	Qualify	Does Not Qualify
Ongoing Assessment & Evaluation	<p>Assessed Present – Must be documented to the highest degree of specificity in the medical record submitted to Blue Shield.</p> <p>Assessed Not Present, Resolved or Unable To Assess – The evaluating practitioner signature and DOS Must be reported below covering all conditions assessed during the encounter.</p>	<p>Incomplete documentation or missing information including, but not limited to: potential diagnosis is not assessed, no evidence of assessment, results, referral(s) and/or exclusion(s) in the member's medical record, no selection marked or missing evaluating practitioner signature and DOS on the IOA form.</p>
<p>Quality</p> <p>BCS: breast cancer screening CDC: eye CDC: HbA1c good control OSW: osteoporosis screening in older women CBP: controlling blood pressure CDC: nephropathy COL: colorectal cancer screening OMW:osteoporosis management in women who had a fracture</p> <p>Medication Adherence & Gaps In Care Opportunities</p> <p>Care for Older Adults</p>	<p>Evidence of assessment, results, referral(s) and/or exclusion(s) must be documented in the member's medical record.</p>	<p>Note: 2022 IOA forms that are initially rejected due to missing information must be resubmitted no later than February 28, 2023.</p>

Payment Registration

Blue Shield requires all parties to receive payments electronically and we have arranged with Paymode-X to administer automated clearing house (ACH) payments. In order to avoid payment delays, please enroll in ACH payments through **Paymode-X** by taking the following steps:

- Visit www.paymode.com/blueshieldofcalifornia and click "Join Now"
- Enter the following enrollment code: **G-TQNSAR9AA**
- Follow the on-screen instructions
- Reply to VendorMaintenance@blueshieldca.com and attach a current W9 to the email (**W9 tax ID must match the tax ID entered on your Paymode account**).

If you are already a Paymode-X member, please log into your account, select the "Payers" tab and click "Accept" for Blue Shield of California.

If you need assistance with enrollment, please call **(800) 331-0974**, between 8 a.m. and 5 p.m. (EST), Monday through Friday, or send an email to enrollment@paymode-x.com. To learn more about Paymode-X, go to www.paymode-x.com/get-paid and click "watch the video."

Thank you for your ongoing support to help Blue Shield provide access to quality healthcare for Medicare Advantage members.