



Blue Cross Blue Shield of Massachusetts Gains Control of Chiropractic Care with Healthways Consulting, Utilization Management Services

Most health plans, including Medicare and Medicare Advantage Organizations, recognize chiropractic care as a clinically accepted mode of treatment for the management of musculoskeletal conditions, but practitioners have had to work hard to earn that acceptance. Healthways' Dr. Richard Olson, an experienced chiropractor and industry consultant, attributes the profession's current credibility to past political activism, entrepreneurial spirit, and judicious use of legal action, coupled with ongoing studies and clinical research yielding evidence that vast numbers of members have improved their health through chiropractic treatment. Olson notes that this same history has contributed to a relative absence of control and lack of consistency in how health plans design coverage and reimbursement for chiropractic care.

"A number of health plans have not implemented any type of control or management program for chiropractic services," Olson said. "In many health plans, the expenditure is dramatic, and they don't really realize that until they take a close look."

In 2006, Blue Cross Blue Shield of Massachusetts (BCBSMA) sought Healthways' expertise in the area of chiropractic care. The state's largest health plan has since achieved significant savings while maintaining quality of care and member satisfaction. A utilization management process launched in 2008 is generating additional savings without reducing medically necessary care to members or disrupting the plan's quality relationships with network providers.

A Consultative Process

BCBSMA began working with Healthways on a consulting basis.

"We were seeing spending increases within specialty chiropractic. We didn't have the internal expertise in chiropractic to know if what we were spending was appropriate," explained Tom Foley, director of network management for ancillary and behavioral health institutional providers at BCBSMA. "Healthways brought a very thorough approach from an analytical standpoint. They also brought the clinical expertise. Both together were very important to us."

Olson led the initial consulting work, drawing on three decades of experience and his unique credentials as the author of the most widely accepted standard of care document for chiropractic services in the United States.

Healthways' analysis of initial claims data indicated a high frequency of visits overall with a handful of members receiving more than 100 visits in one year. Work focused on defining medically necessary care—the overarching commitment for coverage by a health plan to each member. The scope included identifying specific services, procedures, and frequency for optimum clinical outcomes.

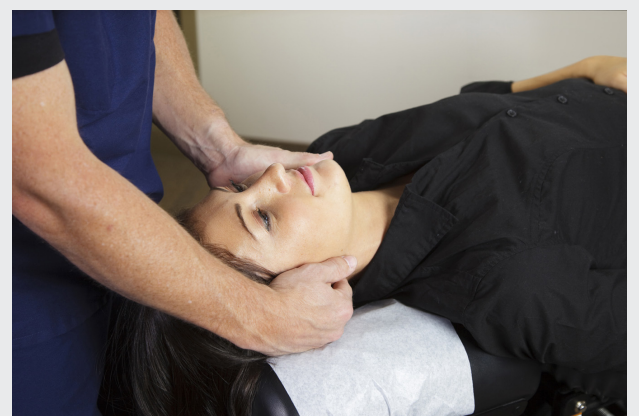
Fee schedules along with billing and coding guidelines established the ground rules for providers—how to bill, what to bill within a range of covered services, and what constituted medical necessity, maintenance care, and non-covered services.

Provider Relationships a Top Priority

Early in the process, BCBSMA and Healthways established a dialogue with providers to facilitate understanding and acceptance.

When the consulting project moved into consideration of a utilization management program, the health insurance company organized a series of meetings with the leadership of the Massachusetts Chiropractic Society to discuss plans and solicit input well before implementation. Healthways participated in these conversations and helped to establish a sense of both capability and consideration.

"We are a Blues plan that strongly believes in making sure we are actively engaged with the providers," Foley said. "We wanted to make sure we had, if not their agreement, their involvement. We wanted to fully communicate where we were going."



BLUE CROSS BLUE SHIELD OF MASSACHUSETTS AND HEALTHWAYS—A SUCCESSFUL PARTNERSHIP IN CHIROPRACTIC CARE THAT:

- Resulted in substantial savings
- Met plan's ROI targets
- Maintained quality of care and member satisfaction
- Fostered quality relationships with network providers
- Met state regulatory requirements



Healthways worked closely with Blue Cross Blue Shield of Massachusetts to identify an approach that would be the least disruptive to members and providers—that would offer members an appropriate level of care undisturbed, while ensuring that cases needing additional review received that attention.

Healthways' analysis of BCBSMA's chiropractic claims data indicated an average of eight visits per member. After reviewing a savings opportunity analysis created by Healthways, BCBSMA set a threshold of 12 visits before requiring treatment authorization. In January 2008, the company implemented for its HMO Blue New England membership, approximately 770,000 covered individuals, to include a utilization management process with this threshold.

"Healthways was able to communicate at a clinical level at the chiropractic society meetings," Foley said. "With regard to implementation, we had five training sessions throughout the state. Healthways was able to have a chiropractor-to-chiropractor peer discussion, which we think is key, especially if you are talking about utilization management."

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"Most providers don't think too well of any type of managed care program," observed Healthways' Dr. Bill Dorney, director of clinical operations and an experienced chiropractor. "This program however has gone very smoothly."

Dorney attributes the program's smooth rollout to the client's proactive approach to provider communication and to the quality of Healthways utilization management system and process.

Convenient, Responsive, and Flexible

Healthways sophisticated Rapid Response System (RRS) makes authorization convenient and efficient for providers.

- Rather than having to access and transfer member data to a vendor's form, fax or mail that form to the vendor, and then wait for authorization or follow-up, providers can use the secure Healthways web portal or interactive voice response phone system to submit a treatment authorization request.
- The system uses internal algorithms that follow established clinical protocols to determine whether it can approve a trial of care for that member without the provider having to send in any additional information, such as medical records. Authorization is immediate in these cases if the provider agrees to the treatment protocol: X visits within X timeframe.
- The system issues a bar-coded request for additional clinical information, if required, within 20 minutes of the initial treatment request. Healthways nurses and/or peer reviewers evaluate the request upon receiving the information and render a decision within one or two days of receiving this additional documentation.
- A provider can request a peer-to-peer conversation, to discuss an authorization decision with Healthways, before making a formal appeal for reconsideration. Most provider questions are resolved without an appeal. In the first year of the program's operation, Healthways has received a strikingly small number of appeals—approximately one percent. Clinical integrity and inter-rater reliability (the consistency of decisions made by the Healthways team) are critical to a successful process. Healthways chiropractic utilization management services are accredited by URAC, the "gold standard" for organizations that provide utilization management services.

Another benefit of the Healthways system is its adaptability to state regulatory requirements. For example, the state of Massachusetts requires that Healthways conduct particular reviews or appeals within certain timeframes, send written notifications of decisions to providers and members, and call providers with authorization decisions as well. These requirements are all automatically prompted and tracked by the system, ensuring compliance.

The utilization management process met BCBSMA's ROI targets in its first year of operation and is on track to meet savings expectations for 2009.