

Medicare Advantage Update

APRIL 2018



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Medicare Advantage Update contains up-to-date information for providers about Medicare Advantage plans with Blue Cross and Blue Shield of Nebraska (BCBSNE). This newsletter is published by BCBSNE's Health Network Services Department and Marketing Department.

We encourage you to print a copy of this Update and keep it with your BCBSNE Medicare Advantage Core HMO and Choice HMO-POS Provider Manual. To request permission to reprint this material for any other purpose, please send an email to the editor, Sara Cline, at: sara.cline@nebraskablue.com.

Please refer to your provider manual often. You may view it at nebraskablue.com/maprovidermanual.

To view past issues of Medicare Advantage Update, visit nebraskablue.com/ma-update.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

BCBSNE offering free Medicare seminars to the public

Blue Cross and Blue Shield of Nebraska (BCBSNE) is offering free informational seminars at various provider facilities. The seminars will help patients understand the basics of Medicare and learn about what plan may fit their needs. Original Medicare, Medicare Advantage, Medicare Supplement plans and Part D prescription drug plans will be discussed.

If your patients are asking about Medicare coverage, please encourage them to attend one of our seminars. Patients may find a seminar near them, and should reserve a seat, by visiting medicare.nebraskablue.com/seminars. The seminar information is also listed below.

FREMONT

- **Fremont Family YMCA**
810 N. Lincoln Ave.
 - Friday, June 22 at 10 a.m.
 - Friday, Sept. 21 at 10 a.m.

LINCOLN

- **Bryan Health Medical Center – East**
1600 S. 48th St.
 - Tuesday, April 24 at 10 a.m.
 - Thursday, June 28 at 10 a.m.
 - Tuesday, Aug. 28 at 10 a.m.
 - Tuesday, Sept. 25 at 10 a.m.
- **CHI Health Saint Elizabeth Regional Medical Center**
555 S. 70th St.
 - Tuesday, May 29 at 10 a.m.
 - Monday, July 23 at 10 a.m.

OMAHA

- **Blue Cross and Blue Shield of Nebraska**
1919 Aksarben Dr.
 - Monday, April 23 at 10 a.m.
 - Monday, May 21 at 6 p.m.
 - Monday, July 30 at 10 a.m.
 - Monday, Aug. 8 at 6 p.m.
- **Nebraska Medicine Village Pointe**
111 N. 175th St.
 - Thursday, June 21 at 2 p.m.
 - Thursday, Sept. 20 at 2 p.m.

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Update: Prior authorization requirements

In the January 2018 Provider Update newsletter, we provided information about preauthorization requirements for Medicare Advantage beginning April 1, 2018. Since January, we have decided not to require prior authorizations for the below-listed services. If we decide to add these, or other, preauthorization requirements at a later time, all Medicare Advantage providers will be notified.

- Durable medical equipment (DME) >\$500
- Genetic testing
- Services deemed investigational
- Spinal fusion and pain management injections
- High-tech radiology (MRI, CT, PET, etc.)
- Intensity-modulated radiation therapy and stereotactic body radiation therapy

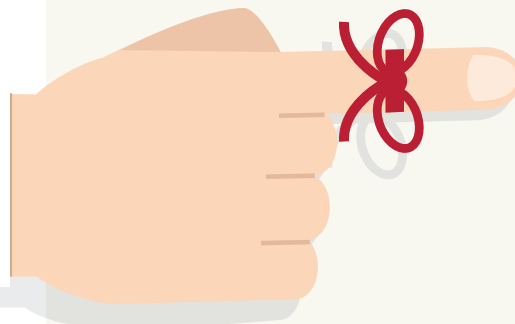
Medicare Advantage claim filing reminders

In order to ensure that Medicare Advantage claims are processed in a timely manner and in compliance with CMS requirements, please take note of the following guidelines:

- All Medicare Advantage BCBSNE subscriber IDs start with an “N” followed by eight numbers (example: N12345678). The Medicare Advantage Prefix is “YMA”.
- Patient Relationship should always be marked as “self.”
- If you are submitting a claim for a service such as a lab, ambulance, DME supplier, ambulatory surgical center (ASC), independent diagnostic testing facility (IDTF), etc., or if you are a solo practitioner not associated with a group, you should not include a rendering National Provider Identifier (NPI) on the claim.
- If the rendering provider is part of a group practice organization, enter the group practice organization NPI as the billing provider NPI.
- Billing provider address must be a street address; P.O. Box addresses are not acceptable.
- Medicare Advantage plans are Medicare replacements; therefore, it is not necessary to submit Medicare Advantage claims to Medicare. If you submit claims to Medicare in error, please do not include Medicare remittance advice when subsequently submitting to BCBSNE, as doing so will delay the processing of the claim.

Remittance advices and payments for Medicare Advantage claims are issued separately from other BCBSNE business. Therefore, you will need to work with the dedicated Customer Service team for this product for any questions or issues. They can be reached at 888-505-2022. There are **three ways** to identify a Medicare Advantage payment:

1. It will state “SAPPHIRE EDGE, INC. SUB BCBSNE.”
2. The member’s policy number begins with the prefix “YMA.”
3. If it is an EFT payment, the related check number will begin with a “5.” Please note that paper checks will begin with a “4.”



Statin therapy: Quality Star measures

The Centers for Medicare & Medicaid Services (CMS) monitors two quality Star measures aimed at the appropriate use of statin therapy. Therapy is recommended in the management of:

- Atherosclerotic cardiovascular disease (ASCVD)
- Diabetes mellitus

Statin therapy for patients with ASCVD:

According to the American College of Cardiology and the American Heart Association, moderate- or high-intensity statins are recommended for adults with established clinical ASCVD.

The Star quality measure assesses the percentage of males 21-75 years of age and females 40-75 years of age who are identified as having ASCVD and:

- **Received statin therapy:** Patients who have been prescribed at least one high or moderate-intensity statin medication in the measurement year, and
- **Statin adherence 80 percent:** Patients who have remained on a high- or moderate-intensity medication for at least 80 percent of the treatment period.

NOTE: The treatment period is defined as the period of time beginning on the earliest prescription dispensing date through the end of the measurement year (Dec. 31, 2018).

Statin therapy for patients with diabetes mellitus:

The risk of an adult with diabetes developing cardiovascular disease is two to four times higher than adults without diabetes. The Centers for Disease Control and Prevention estimates that adults with diabetes are 1.7 times more likely to die from cardiovascular disease than adults without diabetes.

The Star quality measure assesses the percentage of members 40-75 years of age with diabetes who *do not* have ASCVD and:

- **Received statin therapy:** Patients were dispensed at least one statin medication of any intensity during the measurement year, and
- **Statin adherence 80 percent:** Patients remained on a statin medication of any intensity for at least 80 percent of the treatment period.

NOTE: The treatment period is defined as the period of time beginning on the earliest prescription dispensing date through the end of the measurement year (Dec. 31, 2018).

Recommendations for high and moderate intensity statin therapy	
Moderate intensity statin therapy (Lowers LDL cholesterol by 30 to <50%)	High intensity statin therapy (Lowers LDL Cholesterol by >50%)
<ul style="list-style-type: none"> • Atorvastatin 10-20 mg daily • Rosuvastatin 5-10 mg daily • Simvastatin 20-40 mg daily • Pravastatin 40-80 mg daily • Lovastatin 40 mg daily • Fluvastatin XL 80 mg daily • Pitavastatin 2-4 mg daily 	<ul style="list-style-type: none"> • Atorvastatin 40-80 mg daily • Rosuvastatin 20-40 mg daily

Recommendations for statin and combination therapy in patients with diabetes		
Age	Risk Factors	Recommended Statin Intensity*
<40 years	<ul style="list-style-type: none"> • None • ASCVD risk factors** • ASCVD confirmed diagnosis 	<ul style="list-style-type: none"> • None • Moderate or high • High
40-75 years	<ul style="list-style-type: none"> • None • ASCVD risk factors** • ASCVD confirmed diagnosis • Acute coronary syndrome (ACS) and LDL cholesterol >50 mg/dl (1.2 mmol/l) or in patients with history of ASCVD who cannot tolerate high-dose statins 	<ul style="list-style-type: none"> • Moderate • High • High • Moderate plus ezetimibe
>75 years	<ul style="list-style-type: none"> • None • ASCVD risk factors** • ASCVD confirmed diagnosis • ACS and LDL cholesterol >50 mg/dl (1.2 mmol/l) or in patients with history of ASCVD who cannot tolerate high-dose statins 	<ul style="list-style-type: none"> • Moderate • Moderate or high • High • Moderate plus ezetimibe

*In addition to lifestyle therapy.
 **ASCVD risk factors include LDL cholesterol >100 mg/dL (2.6 mmol/L), high blood pressure, smoking, chronic kidney disease, albuminuria and family history of premature ASCVD.

According to the *Journal of the American College of Cardiology*, two out of five “people with diabetes who could benefit from statin therapy to lower their risk of future heart attack, stroke and related death were not prescribed one.”

We encourage you to educate your patients on the importance of completing their recommended follow up appointments with you to monitor their diabetes and ASCVD.

For additional information on statin therapy recommendations, please view the complete 2017 Standards supplement, which includes all supporting references. This is available at <http://clinical.diabetesjournal.org>.

- Sources:
- American College of Cardiology: www.acc.org
 - American Heart Association: www.heart.org
 - Centers for Disease Control and Prevention: www.cdc.gov
 - Journal of the American College of Cardiology: www.acc.org

Improving health outcomes and quality measures using CPT Category II and Z codes

CPT Category II and Z codes provide additional information about the patient's diagnosis, which leads to more accurate coding and billing. This in turn helps better support health outcomes and increases clinical administrative efficiencies. The use of these codes decreases the need for medical record requests and review to meet the HEDIS quality metric requirements.

For your convenience, we have listed the CPT Category II and Z codes applicable to:

- Comprehensive diabetes care
 - HbA1c control
 - Retinal eye exam
 - Nephropathy screening
- Medication reconciliation post-discharge
- Controlling blood pressure
- Adult BMI

CPT Category II codes can be billed in the same procedure code field as CPT Category I codes.

Below is an example of a completed HCFA 1500 claim form, using a CPT Category II code for documenting HbA1c control:

- **36415** = Collection of venous blood by venipuncture
- **83036** = HbA1c
- **3044F** = Most recent HbA1c level <7%

HEDIS Measure	Description	CPT Category II Code
Comprehensive diabetes care	HbA1c control	
	<ul style="list-style-type: none"> • Most recent HbA1c level is <7% • Most recent HbA1c level is 7-9% • Most recent HbA1c level is >9% 	<ul style="list-style-type: none"> • 3044F • 3045F • 3046F
Comprehensive diabetes care	Retinal eye exam	
	<ul style="list-style-type: none"> • Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed • Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist • Eye imaging validated to match diagnosis from seven standard field stereoscopic photo result • Low risk for retinopathy (no evidence of retinopathy in the prior year) 	<ul style="list-style-type: none"> • 2022F • 2024F • 2026F • 3072F
Comprehensive diabetes care	Nephropathy monitoring	
	<ul style="list-style-type: none"> • Positive microalbuminuria test • Negative microalbuminuria test • Positive microalbuminuria test • Documentation of treatment for nephropathy • Evidence of ACE[¹]/ARB therapy prescribed or taken 	<ul style="list-style-type: none"> • 3060F • 3061F • 3062F • 3066F • 4010F

24. A.SERVICE DATE		B.FACILITY	C.EMERGENCY	D.PRODUCT/SERVICES		E.DIAG. CODE			F.LINE ITEM	G.SERVICE
From	To	CODE VALUE	INDICATOR	ID	MODIFIER	POINTER	CHARGE AMOUNT	UNIT COUNT		
6/29/2017		11		36415			\$26.00	1.0		
6/29/2017		11		83036			\$23.00	1.0		
6/29/2017		11		3044F			\$0.01	1.0		

Continued >

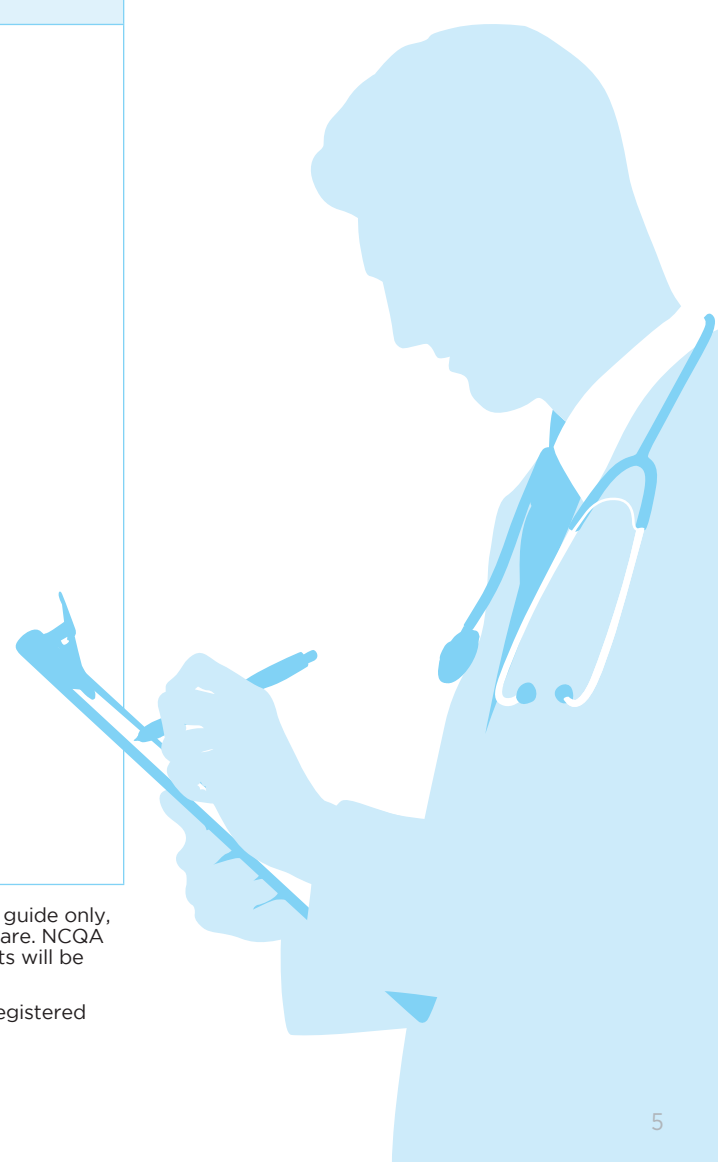
HEDIS Measure	Description	CPT Category II Code
Medication reconciliation post-discharge	Discharge medications are reconciled with the current medication list in the outpatient medical record	<ul style="list-style-type: none"> • 1111F
Controlling blood pressure *Per HEDIS specifications, this measure requires medical record review	The diagnosis of hypertension must be documented in the medical record before June 30 of the measurement year. The most recent BP measurement will be used for this measure. Compliant ranges: <ul style="list-style-type: none"> • BP <150/90 for patients 60-85 years of age without a diagnosis of diabetes • BP <140/90 for patients 60-85 years of age with diabetes 	<ul style="list-style-type: none"> • 3074F systolic BP is <130 mm Hg • 3075F systolic BP is 130-139 mm Hg • 3077F systolic BP is ≥140 mm Hg • 3078F diastolic BP is <80 mm Hg • 3079F diastolic BP is 80-89 mm Hg • 3080F diastolic BP ≥90 mm Hg

Z codes can be billed in the same field as ICD-10 diagnoses.

HEDIS Measure	Description	Z Code
Adult BMI	• BMI of 19.9 or less	• Z68.1
	• BMI 20.0-20.9	• Z68.20
	• BMI 21.0-21.9	• Z68.21
	• BMI 22.0-22.9	• Z68.22
	• BMI 23.0-23.9	• Z68.23
	• BMI 24.0-24.9	• Z68.24
	• BMI 25.0-25.9	• Z68.25
	• BMI 26.0-26.9	• Z68.26
	• BMI 27.0-27.9	• Z68.27
	• BMI 28.0-28.9	• Z68.28
	• BMI 29.0-29.9	• Z68.29
	• BMI 30.0-30.9	• Z68.30
	• BMI 31.0-31.9	• Z68.31
	• BMI 32.0-32.9	• Z68.32
	• BMI 33.0-33.9	• Z68.33
	• BMI 34.0-34.9	• Z68.34
	• BMI 35.0-35.9	• Z68.35
	• BMI 36.0-36.9	• Z68.36
	• BMI 37.0-37.9	• Z68.37
	• BMI 38.0-38.9	• Z68.38
	• BMI 39.0-39.9	• Z68.39
• BMI 40.0-44.9	• Z68.41	
• BMI 45.0-49.9	• Z68.42	
• BMI 50-59.9	• Z68.43	
• BMI 60.0-69.9	• Z68.44	
• BMI 60.0-69.9	• Z68.45	

*HEDIS summary of measure specifications and codes are intended as a reference guide only, not a substitute for clinical guidelines and do not establish a standard of medical care. NCQA HEDIS 2018 Volume 2; Technical Specifications for Health Plans and Value Data sets will be used to calculate measure rates.

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CAHPS® and HOS survey information


In our last two Medicare Advantage newsletters, we provided you with a summary of what the **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** survey and **Health Outcomes survey (HOS)** are, and why these patient surveys are important to your clinical practice. To review the newsletters, go to nebraskablue.com/maupdate.

This article gives you additional insight into the questions these surveys address with patients, and provides you with recommendations to achieve positive survey results.

Survey Name and Measure	Sample Survey Question to the Patient	Recommendations and Rationale for Providers, when applicable
CAHPS: Overall rating of healthcare quality	<ul style="list-style-type: none"> Using a number between zero and 10 where zero is the <i>worst</i> health care possible and 10 is the <i>best</i> health care possible, what number would you use to rate all your healthcare in the past six months? 	<ul style="list-style-type: none"> Asking this question can: <ul style="list-style-type: none"> ○ build trusting relationships between you and your patients. ○ give your patients the opportunity to discuss positive interactions that you can relay to your staff. ○ provide ideas for opportunities to improve upon, if negative feedback is given.
HOS: Improving or maintaining mental health	<ul style="list-style-type: none"> Have you had any of the following problems with your work or other regular daily activities because of emotional problems? <ul style="list-style-type: none"> ○ Accomplished less than you would like. ○ Didn't do work or other activities as carefully as usual. ○ Didn't have a lot of energy or felt sad or depressed most days. 	<ul style="list-style-type: none"> During the visit, include emotional wellness in your assessment. Encourage ideas to improve mental wellness, i.e. exercise, socialization, pet interaction etc. Consider conducting a hearing test if appropriate, loss of hearing can leave a patient feeling isolated.

IMPORTANT REMINDER: Information validation process

To comply with CMS regulations in regard to provider directories, Medicare Advantage Organizations must communicate with providers on a quarterly basis to verify the provider's availability and demographic information. BCBSNE is currently calling all our Medicare Advantage in-network providers to validate this information and to ensure we are meeting all CMS expectations. We will continue this practice on a quarterly basis.

 If you have questions or would like more information about the articles in this newsletter, please contact your Provider Relationship Manager at **1-877-435-7258** (M-F, 8 a.m. - 4:30 p.m.)

**Blue Cross Blue Shield Nebraska
MA Core™ (HMO)
Blue Cross Blue Shield Nebraska
MA Choice™ (HMO-POS)**


2018

Provider Directory

This directory is current as of **September 01, 2017**.
This directory provides a list of Blue Cross and Blue Shield of Nebraska HMO and HMO-POS's current network providers.
This directory is for Cass, Dodge, Douglas, Lancaster, Sarpy and Saunders Counties in the state of Nebraska.
To access Blue Cross and Blue Shield of Nebraska HMO and HMO-POS's online provider directory, you can visit nebraskablue.com/medicare. For any questions about information contained in this directory (hardcopy or online), please call our Customer Service Department at:

Phone: 1-888-488-9650
Hours are 8 a.m. to 8 p.m., Central time, seven days a week from October 1 through February 14; 8 a.m. to 8 p.m., Central time, Monday through Friday from February 15 through September 30.
TTY users should call 711.
Web: nebraskablue.com/medicare

This information is available in alternate formats. Please call our customer service number above. The provider network may change at any time. You will receive notice when necessary.



**BlueCross
BlueShield
Nebraska**
As a Medicare Advantage Plan, you must have Medicare Part A and Part B.
Make the most of Medicare

Blue Cross and Blue Shield of Nebraska is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Nebraska depends on contract renewal.

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