Medicare Advantage Update
JUNE 2018

BlueCross BlueShield Nebraska

PARTNERING WITH YOU FOR A HEALTHIER NEBRASKA
nebraskablue.com

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**.

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 best 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 can find a seminar near them, and may 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.
  - 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.
  - Thursday, June 28 at 2 p.m.
  - Monday, July 23 at 10 a.m.

OMAHA

- **Blue Cross and Blue Shield of Nebraska**
  1919 Aksarben Dr.
  - Friday, June 29 at 10 a.m.
  - Monday, July 30 at 10 a.m.
  - Monday, Aug. 20 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.

In this issue → Click on the headline to jump to the article.

Plan All-Cause Readmissions: Preventing avoidable hospital readmissions

Coordinating care from hospital to home and ensuring a follow-up visit with the primary care provider can help prevent a readmission. Evaluating patients within seven days of discharge is one of the best interventions toward averting readmissions.[1]

The HEDIS® Plan All-Cause Readmissions measure assesses the number of acute inpatient admissions that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Planned readmissions, such as maintenance chemotherapy, an elective procedure or rehabilitation, are not counted as a readmission.

- The measure for Medicare applies to members age 18 years of age and older.
- The measure for commercial members applies to ages 18-64 years.

Preventing avoidable hospital readmissions

According to the Institute for Healthcare Improvement (IHI) How-to Guide: *Improving Transitions from the Hospital to the Clinical Office Practice to Reduce Avoidable Rehospitalizations*[2], there are several interventions to consider:

Categorize your discharged patient's risk of re-hospitalization: With your patient care team, identify patients who may be at low, moderate, or high risk for readmission. The table below from IHI offers a method on how to do this.

High risk patients	Moderate risk patients	Low risk patients
• Patient has been admitted two or more times in the past year. • Patient or family caregiver is unable to teach back, or the patient or family caregiver has a low degree of confidence to carry out self-care at home.	• Patient has been admitted once in the past year. • Patient or family caregiver is able to teach back most of the discharge information and has a moderate degree of confidence to carry out self-care at home.	• Patient has no hospitalizations in the past year. • Patient or family caregiver has a high degree of confidence and can teach back how to carry out self-care at home.

Establish office protocols:

- **Anticipate your patient's hospital discharge:**
  - Request to be notified when your patient is hospitalized.
  - Request daily progress notes or information via telephone, fax, secure email or electronic health record.
  - Request a copy of your patient's discharge summary, diagnostic test results and discharge medication list prior to their follow-up appointment with you.
  - Designate a member of your care team to communicate with the hospital personnel if necessary.
  - Use home health care services as needed.
  - Access the Blue Cross and Blue Shield of Nebraska care transitions nursing team at 1-877-399-1675 to assist with patient benefits and medical services needed post discharge.
- **Prior to the follow-up appointment with you:**
  - Reserve time in your daily clinic schedule to accommodate post hospital patient follow-up appointments.
  - Depending on your patient's diagnosis, hospital course and readmission risk, establish a specific time frame in which you want the follow-up appointment to be scheduled.
  - Designate a member of your care team to communicate with the patient via text, email or telephone prior to this follow-up appointment. This communication can include education on symptoms that would warrant immediate attention, the opportunity for the patient to ask questions, and to explain to the patient the importance of keeping the follow-up appointment with you.
  - Remind the patient to bring their medications along with them, both over-the-counter and prescription.
- **During the clinic appointment:**
  - Reconcile the pre-hospital medication list with the post discharge medication list. If the medication reconciliation is done within 30 days of hospital discharge and documented in the medical record, you can submit a claim with CPT Category II code 1111F for reimbursement.
  - Print a copy of the reconciled medication list and give it to the patient.
  - Ensure the next follow-up appointment with you is scheduled depending on medical appropriateness.
  - Inform your patient on how they can contact your healthcare team, including after-hours clinic availability and access to urgent care centers.

Sources:

[1]https://www.scanhealthplan.com/providers/quality-5-star-resources/providers-and-provider-groups/plan-all-cause-readmissions

[2]Schall M, Coleman E, Rutherford P, Taylor J. How-to Guide: *Improving Transitions from the Hospital to the Clinical Office Practice to Reduce Avoidable Rehospitalizations.* Cambridge, MA: Institute for Healthcare Improvement; June 2013. Available at www.IHI.org

Medication adherence: Quality Star measures

"Drugs don't work in patients who don't take them."
— Dr. C. Everett Koop, former Surgeon General of the United States

Medication adherence is critical to patient quality outcomes. The Centers for Medicare & Medicaid Services (CMS) stresses the importance of medication adherence by including three clinical pharmacy measures in the Star rating program for Medicare Advantage health plans:

- Diabetes medications
- Hypertensive medications (ACE inhibitors or ARBs)
- Cholesterol medications (Statins)

HEDIS® measure description:

Patient compliance for these three measures is based on the percent of patients who fill their diabetic, hypertension or cholesterol prescriptions often enough to cover 80 percent or more of the time they are supposed to be taking the medication.

Why are patients non-adherent, and what can be done?

Here are several common reasons why patients do not take their medication as prescribed and some suggestions to encourage compliance:

Reason for non-compliance		Recommendations for you to consider
	The patient forgets to refill the prescription on time.	• Consider writing 90-day supplies for any maintenance medications. *A study published in The American Journal of Managed Care showed that patients on 90-day supplies were more adherent than patients on 30-day supplies.*[1] • Many pharmacies now offer "automatic refill request" reminders to patients. Suggest your patient speak to their pharmacy regarding their options for a reminder.
	The patient states the medication costs too much.	• If cost is a concern, especially with a brand-name medication, consider switching the patient to a lower cost generic medication, if possible. • If there is another brand-name medication in the same class, one brand may be preferred over the other by the patient's health plan and may have a lower copay. • Your patient's drug formulary, health plan and pharmacist can provide assistance on lower cost medications.
	The patient is not convinced that the medication will be beneficial or is concerned about the side effects.	• Educate the patient on the benefits of the medication. • Remind the patient to let you know immediately if they experience any side effects. • Inform your patient of the risks of stopping the medication suddenly without your knowledge.
	The patient has difficulty remembering to take the medication on time.	• Recommend using weekly or monthly pillboxes. • Suggest setting cell phone reminders. • Propose using a medication adherence smartphone app. • Recommend placing medications in a highly visible area but in properly closed containers and safely out of the reach of children or pets.
	The patient is unable to get to the pharmacy due to lack of transportation.	• Inform the patient that many pharmacies now offer home delivery services. • Consider a mail order pharmacy as an option for your patient.

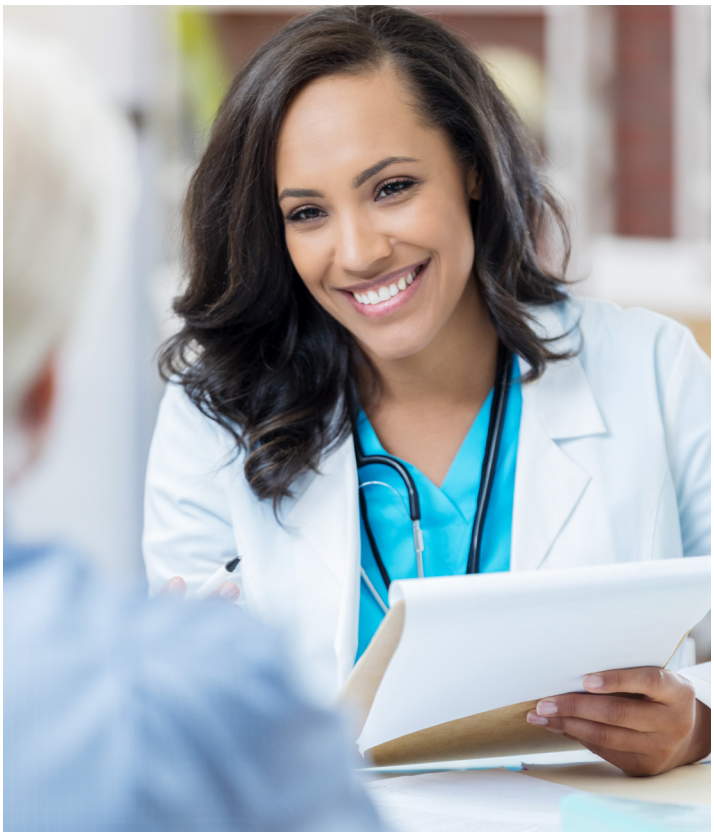
Blue Cross and Blue Shield of Nebraska Medicare Advantage members may call the Customer Service number on the back of their Medicare Advantage card to obtain pharmacy benefit information.

Source:
[1]http://www.ajmc.com/journals/issue/2011/2011-11-vol17-n11/medication-adherence-for-90-day-quantities-of-medication-dispensed-through-retail-and-mail-order-pharmacies

Colorectal cancer screening

With medical advancements in prevention, early detection and treatment, more than a million patients in the United States can count themselves as survivors of colorectal cancer.

The Centers for Medicare and Medicaid Services (CMS) emphasized the importance of colorectal cancer screening by including it in the Quality Stars rating program for Medicare Advantage health plans.



HEDIS® measure description:

The Colorectal Cancer Screening measure evaluates the percentage of adults age 50 to 75 years who get the appropriate screening for colorectal cancer. It excludes patients with a history of colorectal cancer, a total colectomy or those in hospice.

Improving quality of care:

- Ensure a colorectal screening is done by age 50 and continue surveillance in accordance with screening guidelines.
- For high-risk patients, consider starting screenings earlier.
- Ensure that a process for patient outreach is in place to confirm the screening has been completed.

Closing the care gap:

- Once the patient is screened for colorectal cancer, ensure the screening is documented in the patient's medical record with the name of the test, date performed and result.
- If needed, Blue Cross and Blue Shield of Nebraska may request medical record documentation to supplement claim information.

The table below describes the preventive screenings that meet HEDIS specifications for an appropriate screening for colorectal cancer:

Procedure	HEDIS specification	Notes
Screening colonoscopy	Every 10 years	When an abnormality is discovered during a colonoscopy screening, it becomes a diagnostic colonoscopy and the member may incur cost sharing.
Screening flexible sigmoidoscopy	Every 5 years	
Screening CT colonography	Every 5 years	Although this procedure meets HEDIS screening requirements, Medicare does not reimburse for this as of April 1, 2017.
FIT DNA (i.e. Cologuard®)	Every 3 years	Visit **www.cologuardtest.com/hcp/ordering-cologuard/how-to-order-the-test** for details.
Fecal occult blood test (FOBT)	Every year	A stool sample obtained from a digital rectal exam does not meet HEDIS screening requirements.

Source: American Cancer Society - **www.cancer.org**

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.)