

**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:

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Please refer to your provider manual often. You may view it at [nebraskablue.com/maprovidermanual](http://nebraskablue.com/maprovidermanual).

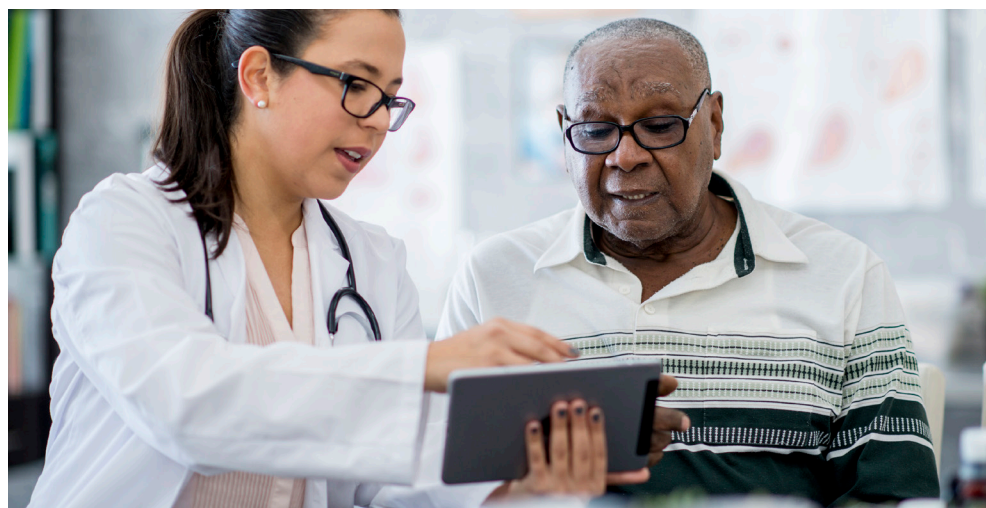
To view past issues of Medicare Advantage Update, visit [nebraskablue.com/ma-update](http://nebraskablue.com/ma-update).

## BCBSNE offering free Medicare seminars to the public

The Medicare Annual Enrollment Period (AEP) starts Oct. 15 and runs through Dec. 7. Many of your patients may be reviewing their current Medicare plan or are shopping for a new one. Blue Cross and Blue Shield of Nebraska is offering free informational seminars at various locations to 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 or the AEP, 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](http://medicare.nebraskablue.com/seminars).

Please also refer your patients to this article to learn what to expect at a Medicare seminar — [bit.ly/medicare-seminar](http://bit.ly/medicare-seminar).



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# Treating patients with rheumatoid arthritis

According to Mayo Clinic\*, rheumatoid arthritis (RA) can be difficult to diagnose in its early stages because the early signs and symptoms mimic those of many other diseases. There is no one blood test or physical finding to confirm the diagnosis. Recent studies indicate that remission of symptoms is more likely when treatment begins early with strong medications known as disease-modifying anti-rheumatic drugs (DMARDs).

DMARD therapy for RA is a HEDIS® measure used in determining Medicare star ratings.

## Why DMARD therapy?

Several major studies have documented the dramatic benefits of aggressive early treatment with DMARD therapy, which is essential in helping prevent long-term damage and disability from RA. According to the American College of Rheumatology, patients with RA should be treated with a DMARD regardless of severity of the disease, or for how long they have had RA, unless contraindicated.

## Improving quality of care

Referral to a rheumatologist is **highly recommended** for patients to confirm the diagnosis and to treat this disease because:

- early onset or suspected RA may resemble other forms of inflammatory arthritis
- patients with RA, when appropriately treated, can experience a reduction of:
  - disease progression
  - joint damage
  - long-term disability
  - the need for surgery

DMARD therapy helps prevent further erosion of, and/or damage to, the joints, whereas anti-inflammatory agents such as Prednisone do not.

Patients on DMARD therapy should be monitored at least four times a year by their treating provider. This allows close management of any adverse events associated with drug or biologic agent therapy.

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\*<https://www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/diagnosis-treatment/drc-20353653>, accessed Dec. 8, 2017

Excellent treatment responses can be achieved with a wide variety of non-biologic and biologic DMARDs.

DMARD Medications	Prescription			
5-Aminosalicylates	Sulfasalazine			
Alkylating agents	Cyclophosphamide			
Aminoquinolines	Hydroxychloroquine			
Anti-rheumatics	Auranofin	Leflunomide	Methotrexate	Penicillamine
Immunomodulators	Abatacept Adalimumab Anakinra	Certolizumab Certolizumab pegol Etanercept	Golimumab Infliximab Rituximab	Tocilizumab
Immunosuppressive agents	Azathioprine	Cyclosporine	Mycophenolate	
Janus kinase (JAK) inhibitor	Tofacitinib			
Tetracyclines	Minocycline			

## Exclusions

Patients are excluded from the ART measure when claims in the measurement year support:

- Patient is in hospice
- 66 years of age and older in an institutional SNP or living long-term in an institutional setting
- Age 66 years of age and older with advanced illness and frailty
- Age 81 and older with frailty
- Pregnancy
- Diagnosis of HIV any time in the members history

## HEDIS measure

This measure assesses patients who:

- are 18 years of age and older, and
- have a confirmed diagnosis of RA, and
- were dispensed at least one ambulatory prescription for a DMARD in the measurement year.



## Coding Tips:

- ✓ A claim for RA should not be submitted until it is a confirmed diagnosis
- ✓ Do not code diagnoses using such terms as “probable,” “suspected,” “questionable,” “rule out,” “working diagnosis,” or similar terminology indicating uncertainty
- ✓ Code conditions to the highest degree of specificity for the encounter, including symptoms, signs, abnormal test results or other reasons for the visit
- ✓ Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis hasn’t been established by the provider





## In-home test kits for Medicare Advantage members

Beginning in November 2018, select Blue Cross and Blue Shield of Nebraska (BCBSNE) Medicare Advantage members may receive in-home test kits for:

- Fecal immunochemical test (FOBT/FIT) for colorectal cancer screening
- Micro albumin urine test (MAU) for diabetic kidney disease monitoring and/or
- HbA1c for diabetic blood sugar control

Recipients will receive the kits based on claims data submitted to BCBSNE. Members will be identified for participation in this program if they:

- Do not have a claim history for colorectal cancer screening
- Have a diagnosis of diabetes, but do not have a claim for MAU
- Have a diagnosis of diabetes and do not have a claim for HbA1c testing

The in-home test kits will be processed by the Home Access Health Corporation (HAHC). HAHC is an independent Clinical Laboratory Improvement Amendments (CLIA) certified laboratory company. HAHC will send results via mail to both the member and their primary care provider on file.

These tests are offered at no additional cost to members. Members will have the option to opt out of the program and decline the test kits. We encourage members to complete applicable health screenings and testing in the comfort of their own homes.

*We request your support of this endeavor to help improve our members' health outcomes. We provide this option to our members to encourage them to follow up with their health care provider and comply with their medical recommendations.*



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.).