

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.

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.

New exclusions for Advanced Illness and Frailty HEDIS® Star measures

The National Committee for Quality Assurance (NCQA) now allows patients to be excluded from select HEDIS star quality measures due to advanced illness and frailty. They acknowledge that measured services most likely would not benefit patients who are in declining health.

You can now submit claims with advanced illness and frailty codes to exclude patients from select measures. Using these codes also reduces medical record requests for HEDIS data collection purposes.

For a description of the advanced illness and frailty exclusion criteria and a list with some of the appropriate HEDIS-approved billing codes, view the "Advanced Illness and Frailty Exclusions for HEDIS star Measures Guide."

Source: <http://blog.ncqa.org/improving-care-advanced-illness-frailty/>

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HEDIS[®] Measures: Health Outcomes Survey

The Medicare Health Outcomes Survey (HOS) measures patient-reported outcomes for two functional health measures and three HEDIS Effectiveness of Care measures:

- Improving or maintaining physical health
- Improving or maintaining mental health
- Physical activity in older adults
- Management of urinary incontinence in older adults
- Fall risk management

This survey, which runs from April to July, asks randomly selected Medicare Advantage members questions about how providers discuss these important topics with them.

Please review the HOS tip sheet to learn more about the survey questions asked and how you can address care opportunities with patients.

2019 Medicare Advantage CDI program

Blue Cross and Blue Shield of Nebraska has teamed with Advantasure (formerly Tesselate) to administer the Medicare Advantage Clinical Documentation Improvement (CDI) program, scheduled to kick off in April 2019. Advantasure is a leading provider of risk adjustment and quality solutions for Medicare Advantage plans. CDI is an incentive program for providers treating our Medicare Advantage members. The program helps improve risk scores, reduce risk adjustment data validation (RADV) audit risk and increase star quality ratings. The Centers for Medicare & Medicaid Services (CMS) requires that chronic medical conditions be documented in the medical record every calendar year.

As part of the CDI program, Advantasure uses a CDI Alert form to assist providers with appropriate documentation of the patient's medical conditions according to CMS guidelines. In mid-April, Advantasure will begin mailing our Medicare Advantage providers an informational packet about the CDI program. The packet includes:

- An introductory letter
- The CDI program overview which further describes the program and provides information on how to participate
- A sample CDI Alert form showing how the form will include a list of the identified member's chronic medical conditions that appear to be present but not addressed in the current calendar year
- A provider participation fax form, to be filled out and faxed to Advantasure confirming your participation in the CDI program

Participating providers will receive a \$75 incentive for each Medicare Advantage member in the program when:

- A face-to-face office visit is conducted, and
- The CDI Alert form is completed, and
- Supporting medical documentation is attached to the CDI Alert form and the documents are returned to Advantasure.

Advantasure™ is an independent company that conducts medical record reviews for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association.



New dental benefits are available for Medicare Advantage members



Starting Jan 1, 2019, members enrolled in Blue Cross and Blue Shield of Nebraska's Medicare Advantage plans have a preventive dental service benefit that can be used for up to two oral exams, two cleanings and/or one dental X-ray. The annual maximum benefit is \$250 for the Core plan and \$300 for the Choice plan.

Members will need to submit a completed dental claim reimbursement form after receiving the dental service. The claim form can be found at medicare.nebraskablue.com/MedicareAdvantage/Resources.

The claim form will require information such as:

- Date of service
- Provider name
- Provider NPI/TIN
- Total charged amount for service(s)
- Procedure description and/or codes
- Itemized bill on the dental provider's letterhead
- Original receipts to establish proof of payment

For questions about this benefit please call Blue Cross and Blue Shield of Nebraska's Medicare Advantage Provider Service Center at 888-505-2022.


Conducting medication reconciliation post-discharge

Reimbursement is available for conducting medication reconciliation post-discharge. The Centers for Medicare & Medicaid Services (CMS) considers medication reconciliation post-discharge (MRP) to be a star quality measure. MRP assesses patients ages 18 and older who were discharged from an acute or nonacute inpatient stay whose medications were reconciled from the date of discharge through 30 days after discharge (31 days total).

Medication reconciliation should be performed after every inpatient discharge. This practice is an important step to help ensure that possible medication errors are addressed, patients understand their new medications, and medications that should no longer be taken are discontinued. Clinicians, registered nurses or clinical pharmacists (employed by the clinical practice) can conduct this medication reconciliation in the outpatient setting. This can be achieved over the phone or by a scheduled post-discharge clinic visit with the patient.

The medical record should include documentation that the current and discharge medications were reconciled. Blue Cross and Blue Shield of Nebraska's Medicare Advantage plan will reimburse \$10 for a claim with 1111F for the post-discharge medication reconciliation. 1111F is a reporting CPT® II code that states, "Discharge medications reconciled with the current medication list in outpatient medical record."



 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.).



13th annual National Walk at Lunch Day with BCBSNE

Each year, BCBSNE promotes National Walk at Lunch Day, encouraging Nebraskans to walk over their lunch hour for just 30 minutes. BCBSNE will donate \$20 to the Special Olympics for every group/school/organization that registers, and \$1 for every individual registration.

Join us to celebrate National Walk at Lunch Day on Wednesday, April 24. Feel free to share this with your patients and staff to promote health and wellness. Online registration is at nebraskablue.com/walk.



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