

Medicare Advantage Update

AUGUST 2019



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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/MA-Manual.

To view past issues of Medicare Advantage Update, visit NebraskaBlue.com/MA-Update.



BCBSNE offering free Medicare seminars

The Medicare Annual Enrollment Period (AEP) runs from Oct. 15 through Dec. 7, 2019. Many of your patients may be shopping for an insurance plan during this time. BCBSNE will hold free Medicare seminars to help patients understand the basics of Medicare and learn about their options.

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

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

Encourage your eligible Medicare Advantage (MA) patients to get tested

Colorectal cancer is the second leading cause of cancer death, and breast cancer is the second leading cause of cancer death in women in the United States¹. Screening, early detection and treatments are effective at reducing deaths from these cancers. For members who are hesitant to pursue a colonoscopy, alternative options for colorectal cancer screening are now available.

The HEDIS[®] Colorectal Cancer Screening measure is used by the Centers for Medicare & Medicaid Services (CMS) as a star rating measure. CMS and HEDIS guidelines recommend that appropriate screenings be completed for MA members ages 50 to 75.

The HEDIS[®] Breast Cancer Screening measure is used by CMS as a star rating measure in patient health. CMS and HEDIS guidelines recommend that routine mammogram screenings be completed every 24 months for women ages 50 to 74. The National Committee for Quality Assurance (NCQA) excludes members with advanced illness and frailty from the HEDIS star quality measures. NCQA acknowledges that preventive services most likely would not benefit such patients.

For more information on the details of these measures, documentation to be included in the patients' medical record, CPT codes and tips for talking with patients, [please view the Colorectal Cancer Screening and Breast Cancer Screening tip sheets here](#).

In-home test kits for Medicare Advantage members

Beginning in September 2019, Blue Cross and Blue Shield of Nebraska (BCBSNE) members may receive in-home test kits for:

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

Members who do not have claims data for these tests will receive the in-home test kits. The test kits will be processed by the Home Access Health Corporation (HAHC). 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 provide this option to our members to encourage them to follow up with their health care provider and comply with the provider's medical recommendations.

Be Healthy Nurse Outreach

Beginning in August 2019, BCBSNE will team with a third-party vendor to conduct telephone outreach for Medicare Advantage members who, based on claims data, appear to have not undergone breast cancer screening, colorectal cancer screening and comprehensive diabetes care. These tests are related to the following HEDIS quality measures:

- Colorectal cancer screening
- Mammogram
- Hemoglobin A1c test
- Retinal eye exam
- Kidney disease monitoring

Nurses will discuss these recommended health services with members and offer to assist them with scheduling appointments.

This initiative will end in December 2019.

Sources:

¹ <https://cancerstatisticscenter.cancer.org/#/> - accessed Aug. 22, 2019

Medication adherence: Quality star measures






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)

Patient compliance for these three measures is based on the percentage 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.	<ul style="list-style-type: none"> • Consider writing 90-day supplies for any maintenance medications.* • Many pharmacies now offer “automatic refill request” reminders to patients. Suggest your patient speak to their pharmacy regarding their options for a reminder. <p><i>*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</i></p>
	The patient states the medication costs too much.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Inform the patient that many pharmacies now offer home delivery services. • Consider prescribing through a mail order pharmacy.

For more information, [view the Medication Adherence tip sheet here](#).

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.

Sources:

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> - accessed Aug. 18, 2019.


Medicare Advantage Provider Appeals

The address to send provider appeals for BCBSNE Medicare Advantage is different from the address for BCBSNE commercial business. Providers may appeal decisions on Medicare Advantage denied claims, such as denial of a service related to medical necessity and appropriateness, by submitting an appeal in writing to:

Blue Cross and Blue Shield of Nebraska
Medicare Advantage
Attn: First Level Appeals
P.O. Box 261273
Plano, TX 75026

Appeals must be submitted within 60 days of the denial from the date the provider receives the initial denial notice. Be sure to include appropriate documentation to support your appeal. We will review your appeal and respond to you in writing within 60 days of the time we receive notice of your appeal.

Information about the appeal process can be found in the Medicare Advantage Provider manual at [NebraskaBlue.com/MA-Manual](https://www.nebraskablue.com/MA-Manual). If you have questions, please call Customer Service at 888-505-2022, 8 a.m. to 8 p.m. CT, seven days a week. You may receive a messaging service on weekends and holidays from April 1 through Sept. 30. Please leave a message and your call will be returned the next business day.



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

