

Medicare Advantage Update contains up-to-date information for providers about Medicare Advantage plans with Blue Cross and Blue Shield of Nebraska (BCBSNE).

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, Cassie Wade, at:

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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.**

Help improve diabetic patient health while reducing medical record review requests

The HEDIS comprehensive diabetes care measure provides a picture of the clinical management of patients with diabetes. All comprehensive diabetes care measures are used for HEDIS reporting, which is used by the Centers for Medicare & Medicaid Services (CMS) as a star rating measure to drive improvements in patient health.

Patients with diabetes require consistent medical care and monitoring to reduce the risk of severe complications and improve outcomes. Interventions to improve diabetes outcomes go beyond glycemic control. That is why the comprehensive diabetes care composite measure includes HbA1c control, retinal eye exams, medical attention for nephropathy and blood pressure control.

View the [Comprehensive Diabetes Care tip sheet](#) here to learn more about what is included in the measure, new exclusions, including advanced

illness and frailty, and ways you can close gaps in care for patients with diabetes. The tip sheet also covers required medical record documentation and claim coding to reduce the need for medical record reviews.

HEDIS®, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance.



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Medication reconciliation post-discharge is critical to patient safety and care coordination efforts.

Medication reconciliation is about comparing the patient's current post-hospital medication list to the previous pre-hospital medication list. Changes in the medication list should be reviewed and documented. This medication reconciliation process also allows for documentation of the most accurate list of patient medications, allergies and adverse drug reactions.

View the [Medication Reconciliation Post-Discharge tip sheet](#) here to learn more about when the process should be completed, information to include in a patient's record, CPT codes that should be included in claims and tips for talking with patients about this important topic.



Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Patient experience and their perception of health care quality makes up a significant portion of the health plan's overall Medicare Star Rating score. This data is collected using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey gathers clinically meaningful patient-reported outcomes and health status data, which, in turn, can help payors and providers improve on any uncovered deficiencies. BCBSNE contracts with an external company (DSS Research) to conduct the survey every year. DSS mailed 758 surveys to our Medicare Advantage members in 2019.

We received scores greater than the national average for:

- How members rate their health plan and doctor or specialist
- How well doctors communicate with members
- How members get needed care and appointments

Sample questions in these areas:

- In the last six months, how often did your personal doctor show respect for what you had to say?
- In the last six months how often did your personal doctor listen carefully to you?
- In the last six months, how often was it easy to get the care, tests or treatment you needed?

Areas where we can improve:

- How customer service can better provide members with information they need
- How members rate their drug plan

Sample questions in these areas:

- In the last six months, how often did your health plan's customer service give you the information or help you needed?

- Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?

Three reasons to improve CAHPS scores:

- Improved patient experiences and quality outcomes lead to healthier and happier patients.
- Patients make more informed health care decisions and rely on these publicly available survey results when deciding where to receive care.
- Medicare Star Ratings affect payments to Medicare providers and managed care organizations. The CAHPS survey results contribute heavily to these overall Star Ratings.

• Please encourage your patients to complete these surveys if they receive them. Together we can work toward ensuring members receive the care they need when they need it.

HEDIS Results for 2019



HEDIS is a set of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most U.S. health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. The Centers for Medicare & Medicaid Services (CMS) uses HEDIS data to monitor health plan performance in multiple areas, including quality of care and service.

HEDIS results can help us guide effective and efficient management of patient care by allowing us to continually monitor patient health, prevent complications and identify any additional issues that may potentially develop.

Final HEDIS rates are typically reported to CMS once a year. Through HEDIS, BCBSNE is accountable for the timeliness and quality of health care services delivered to our members. The chart below provides our HEDIS results for 2019.

Measure	Medicare Advantage 2018	Medicare Advantage 2019
Comprehensive Diabetes Care-Eye Exam Performed (CDC)	54.55%	63.38%
Comprehensive Diabetes Care-HbA1c Control <8.0% (CDC)	56.36%	71.79%
Comprehensive Diabetes Care Hemoglobin A1c Testing (CDC)	90.91%	95.73%
Comprehensive Diabetes Care-Medical Attention for Nephropathy (CDC)	89.09%	94.87%
*Comprehensive Diabetes Care-Poor Control <9% (CDC)	34.55%	15.38%
Comprehensive Diabetes Care-Blood Pressure Control (CDC)	60.00%	74.36%
Medication Reconciliation Post-Discharge (MRP)	51.61%	53.30%

*Lower score is better

Risk adjustment medical record retrieval

BCBSNE is working with CIOX Health to retrieve medical records related to a risk adjustment chart review. Risk adjustment is the payment methodology used by the Centers for Medicare and Medicaid Services (CMS) and Health and Human Services (HHS) for Medicare Advantage plans.

The goal of the retrieval and review is to ensure proper documentation and coding of medical conditions. CIOX Health, the single largest release-of-information partner, is a HIPAA-compliant company and will begin requesting these records shortly. In order to ensure complete documentation of our members' health conditions

and to improve coordination of care, it is necessary to perform ongoing risk adjustment chart reviews. Per your contract with BCBSNE, health care professionals and facilities agree to submit medical records requested in a timely manner at no cost to the covered person or to BCBSNE.

Covered persons have consented to release medical records to us. An additional release is not required. All information resulting from the review is confidential.

For questions, please contact Provider Solutions at ProviderSolutions@NebraskaBlue.com.

CIOX® is an independent company that collects medical records used for HEDIS® measurement quality data for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association.

New BCBSNE MA Plan Enhancements for 2020

Starting Jan. 1, 2020, the BCBSNE Medicare Advantage plan will offer several new benefits to members at no additional cost and with no increase in premium. In addition, a new PPO plan will be offered to Nebraska residents in a 26-county service area.

New plan benefits include:

- Quarterly allowance for certain over-the-counter medications
- \$0 copay for certain diabetic supplies, including Ascensia®, Contour® and other products manufactured by Ascensia Diabetes Care
- Higher dental reimbursement amount
- Enhanced visitor/travel benefits for nonemergency services when outside the service area.
- Sildenafil (generic Viagra®) covered for erectile dysfunction on tier 1 (four tablets for a 30-day supply)

Medicare Advantage members currently receive these benefits for the following at no cost:

- Annual wellness exam
- Certain vision and hearing services
- Silversneakers fitness membership
- \$0 copay for a 90-day mail order supply of medications in tiers 1 and 2

If you or your patient have any questions, please call Customer Service at 888-488-9850.

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