

## 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 [Cassandra.Wade@NebraskaBlue.com](mailto:Cassandra.Wade@NebraskaBlue.com).

Please refer to your provider manual often. You may view it at [NebraskaBlue.com/MA-Manual](https://NebraskaBlue.com/MA-Manual).

To view past issues of Medicare Advantage Update, visit [NebraskaBlue.com/MA-Update](https://NebraskaBlue.com/MA-Update).

Our customer service representatives are available 8 a.m. to 9 p.m. (CT) Monday through Sunday from Oct. 1 through March 31 and 8 a.m. to 9 p.m. (CT) Monday through Friday from April 1 to Sept. 30. Call 888-488-9850 for assistance.

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

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

Medication reconciliation can reduce the chance of adverse drug events, especially for patients taking multiple medications, by comparing a patient's current and discharge medication lists.

The HEDIS® medication reconciliation post-discharge (MRP) measure assesses patients ages 18 and older in the measurement year with Medicare coverage, whose medications were reconciled on the date of discharge through 30 days after discharge (a total of 31 days).

During MRP, changes in the medication list should be reviewed and documented. MRP provides an opportunity to document the most accurate list of patient medications, allergies and adverse drug reactions.

Please refer to the MRP tip sheet to learn more about when to complete this process, information to include in medical records, CPT® codes to include in claims and tips for talking with patients about this important topic.



### Reimbursement available

Blue Cross and Blue Shield of Nebraska (BCBSNE) will reimburse you \$10 for completing MRP and helping to close this care gap measure. Use CPT Code 1111F to receive reimbursement.

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## Gift card available to members who complete their diabetic retinal eye exam



Beginning in August 2021, BCBSNE will offer a \$50 Walmart gift card to Medicare Advantage members with a diagnosis of diabetes who complete a diabetic retinal eye exam.

Members will receive mailing instructions on how to receive their gift card after they complete their exam with an ophthalmologist or optometrist. The exam must be completed by Dec. 31, 2021, to receive the incentive.



## Importance of statin therapy for patients with cardiovascular disease and diabetes

Consider prescribing statins to your patients diagnosed with atherosclerotic cardiovascular disease (ASCVD) and diabetes.

The Centers for Disease Control and Prevention estimates that adults with diabetes are twice as likely to die from cardiovascular disease than adults without diabetes. Statin therapy is beneficial to lower patients' risk of future heart attack, stroke and related deaths; however, according to the [Journal of the American College of Cardiology](#), almost two out of five patients with diabetes are not prescribed a statin.

The Centers for Medicare & Medicaid Services (CMS) has two star measures to support the importance of statin therapy. To learn more about these measures, please refer to the following tip sheets:

- [Statin Therapy for Patients with Cardiovascular Disease \(SPC\)](#)
- [Statin Use in Persons with Diabetes \(SUPD\)](#)



## Security Corner: Protecting your practice from business email imposters

If a scammer is impersonating your organization online or in emails, there are three important steps to take:

- Report it
- Notify your patients
- Alert your staff
- For details around each of these steps, visit [FTC.gov](https://www.ftc.gov).

## Documenting substance use disorders

Substance use disorders are characterized by level of severity and remission status. ICD-10 CM distinguishes between alcohol and substance use, abuse and dependence, which are defined as follows by the American Psychiatric Association and World Health Organization:

### Substance Use, Abuse and Dependence

**Substance use disorders:** A cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues using the substance despite significant substance related problems.

**Substance abuse:** The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

**Substance dependence:** A cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance and sometimes a physical withdrawal state.

The most common substance use disorders are associated with the following drug classifications:

- Alcohol
- Cannabis (marijuana)
- Stimulants
- Depressants
- Hallucinogens
- Sedatives and opioids

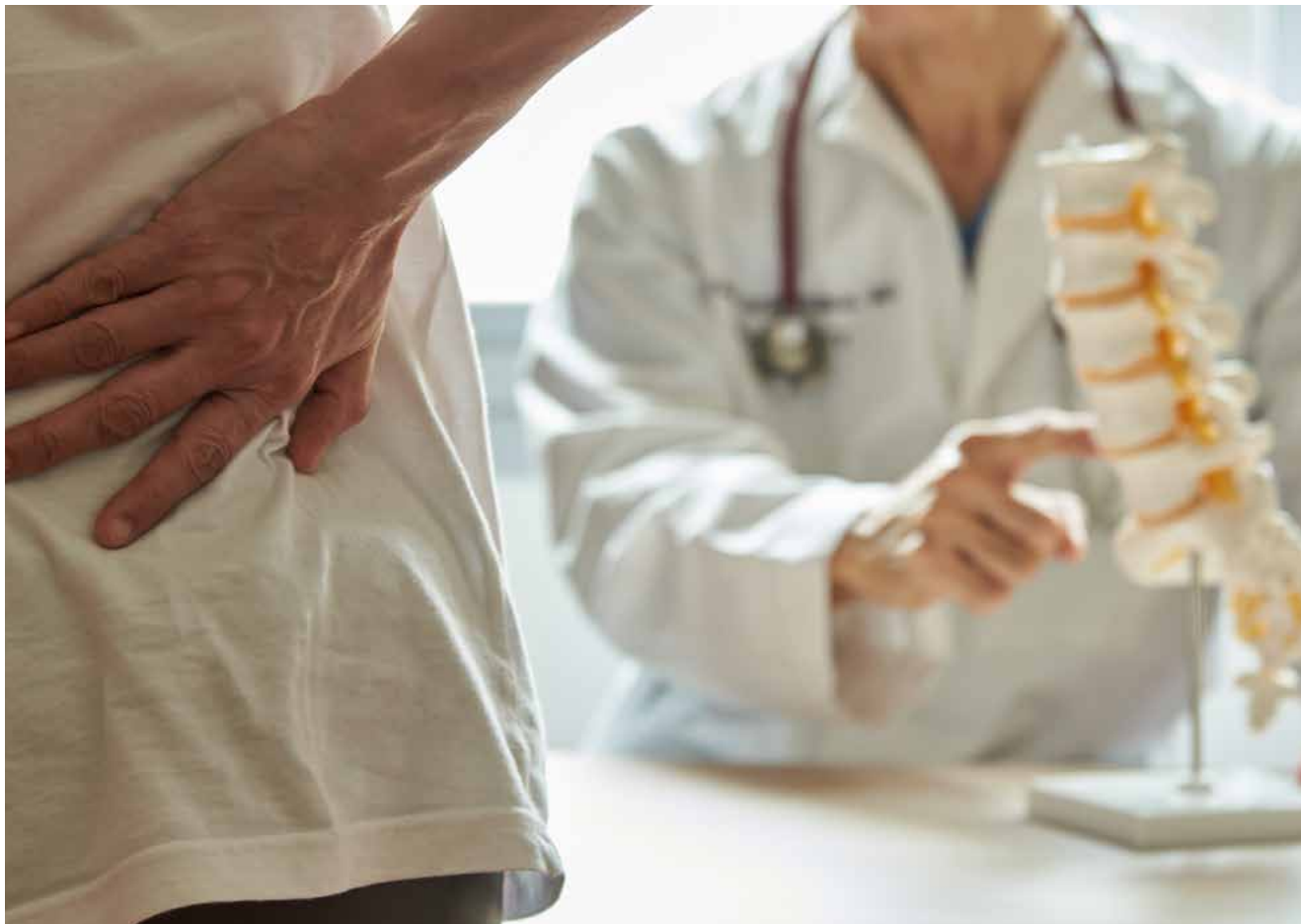
It is important for health care providers to document specificity during the member's encounter. Document each condition that affects the member to the highest level of specificity and avoid vague diagnosis descriptions, such as "unspecified" or "other."

- Clarify remission – partial or full, early or sustained
- Identify the specific substance involved and whether there is use, abuse or dependence
- Include all related symptoms/conditions, such as "with intoxication, psychotic behavior, sleep disturbance, withdrawal."

ICD-10-CM presumes linkage of some of these conditions; it is important to be aware of these conditions and specifically indicate when they are not linked.

When a substance use disorder is being followed and managed by a different provider, it is still appropriate and important to include the diagnosis in the final assessment when taking into consideration what the impact is on member care, treatment and management. For example: "Opioid dependence in partial remission per records from treating psychiatrist, Dr. Heart, MD."

## Changes to preauthorizations and clinical guidelines



### Preauthorizations

The required preauthorizations for Medicare Advantage have changed. For the most up-to-date list of required medical and Part B Drug preauthorizations, visit [NebraskaBlue.com/Providers](https://www.nebraskablue.com/providers).

Please call 888-488-9850 if you have any questions.

### Clinical guidelines

AIM Specialty Health has updated some of its clinical guidelines, including

- Imaging of the spine
- Imaging of the extremities
- Vascular imaging

The new guidelines can be found at [AIMSpecialtyHealth.com/Resources/Clinical-Guidelines](https://aimspecialtyhealth.com/resources/clinical-guidelines). These changes will be effective Sept. 12, 2021.



If you have questions or would like more information about the articles in this newsletter, please contact your Provider Executive at **877-435-7258** 8 a.m. to 4:30 p.m. CT, Monday through Friday.