Medicare Advantage Update
AUGUST 2021

BlueCross BlueShield Nebraska

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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).

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.

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**.

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.

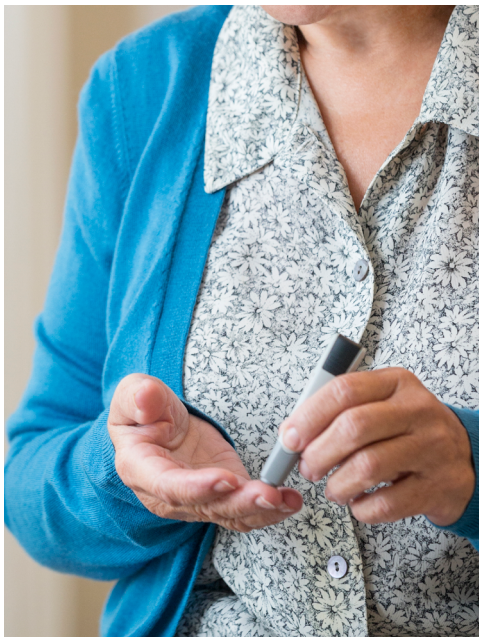
Convenient in-home test kits being sent to select members

Beginning in August 2021, Blue Cross and Blue Shield of Nebraska (BCBSNE) is offering free in-home test kits to select Medicare Advantage members as a convenient way for them to complete important preventive screenings and tests.

BCBSNE has contracted with Home Access Health, an independent company, to send in-home test kits at no cost to members who, based on medical claims for this year, have not completed one or more of the following tests:

- HbA1c test for diabetic members
- Microalbumin urine test for diabetic members
- Fecal immunochemical test (FIT)

If your eligible patients complete and return a kit, both of you will receive a copy of the results from Home Access Health. The kits and results are provided at no cost to you or the member.



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Discuss fall risk, urinary incontinence and physical activity with Medicare patients

According to the National Committee for Quality Assurance (NCQA):

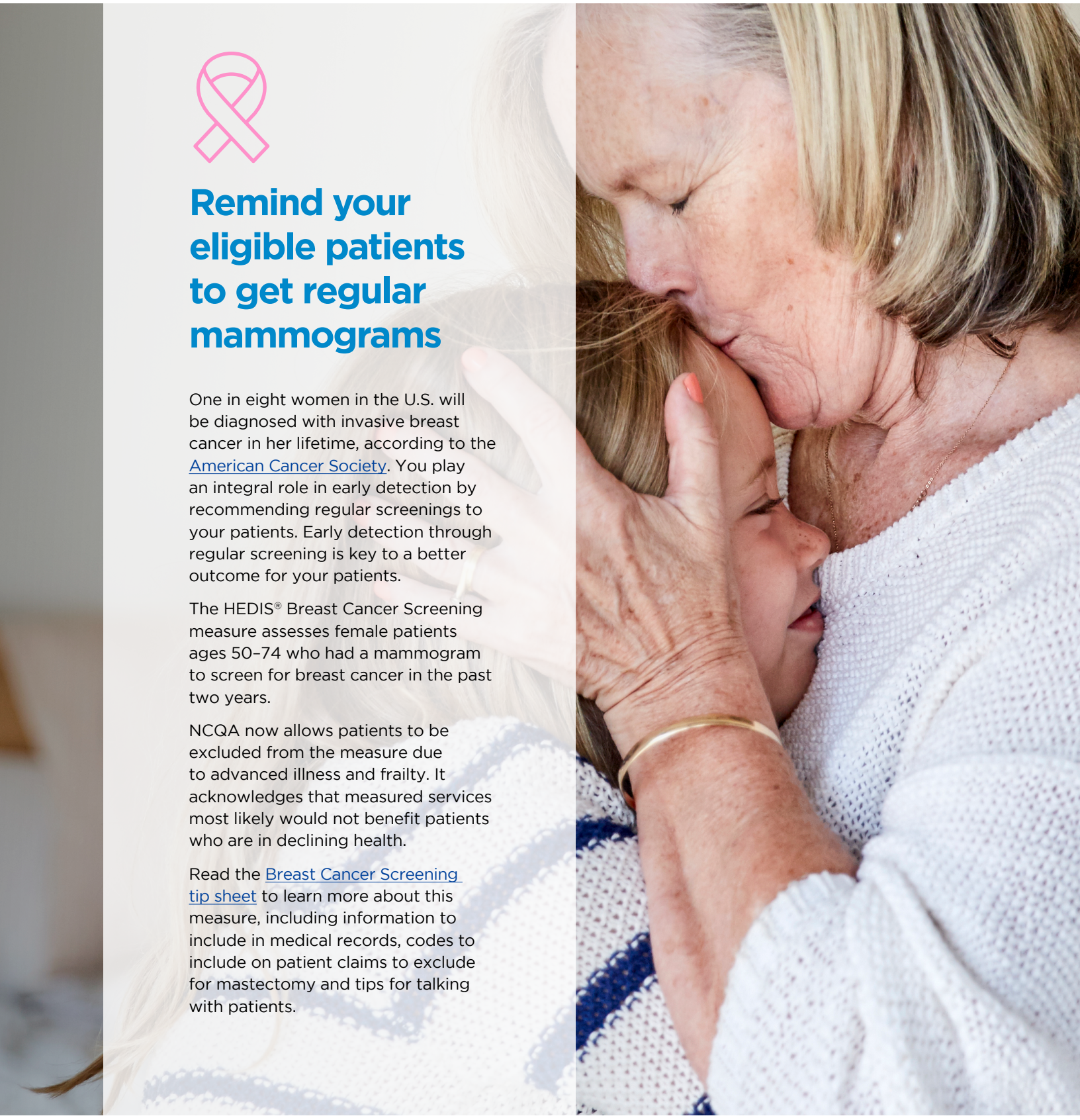
- Falls are the leading cause of death by injury in people 65 and older; every year, one in four older adults fall
- Urinary incontinence is significantly underreported and underdiagnosed
- Any amount of physical activity reduces the risk of developing certain chronic conditions and increases quality of life

Due to these serious health concerns, the Medicare Health Outcomes Survey measures patient-reported outcomes for three HEDIS® Effectiveness of Care measures:

- Fall Risk Management
- Management of Urinary Incontinence in Older Adults
- Physical Activity in Older Adults

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

Read the Health Outcomes Survey tip sheet to learn more, including what questions are asked and how you can address care opportunities with patients.



Remind your eligible patients to get regular mammograms

One in eight women in the U.S. will be diagnosed with invasive breast cancer in her lifetime, according to the American Cancer Society. You play an integral role in early detection by recommending regular screenings to your patients. Early detection through regular screening is key to a better outcome for your patients.

The HEDIS® Breast Cancer Screening measure assesses female patients ages 50–74 who had a mammogram to screen for breast cancer in the past two years.

NCQA now allows patients to be excluded from the measure due to advanced illness and frailty. It acknowledges that measured services most likely would not benefit patients who are in declining health.

Read the Breast Cancer Screening tip sheet to learn more about this measure, including information to include in medical records, codes to include on patient claims to exclude for mastectomy and tips for talking with patients.

BCBSNE to offer Remote Clinical Documentation Improvement Program™

The incentive-based program will assist providers in Centers for Medicare & Medicaid Services-compliant medical record documentation.

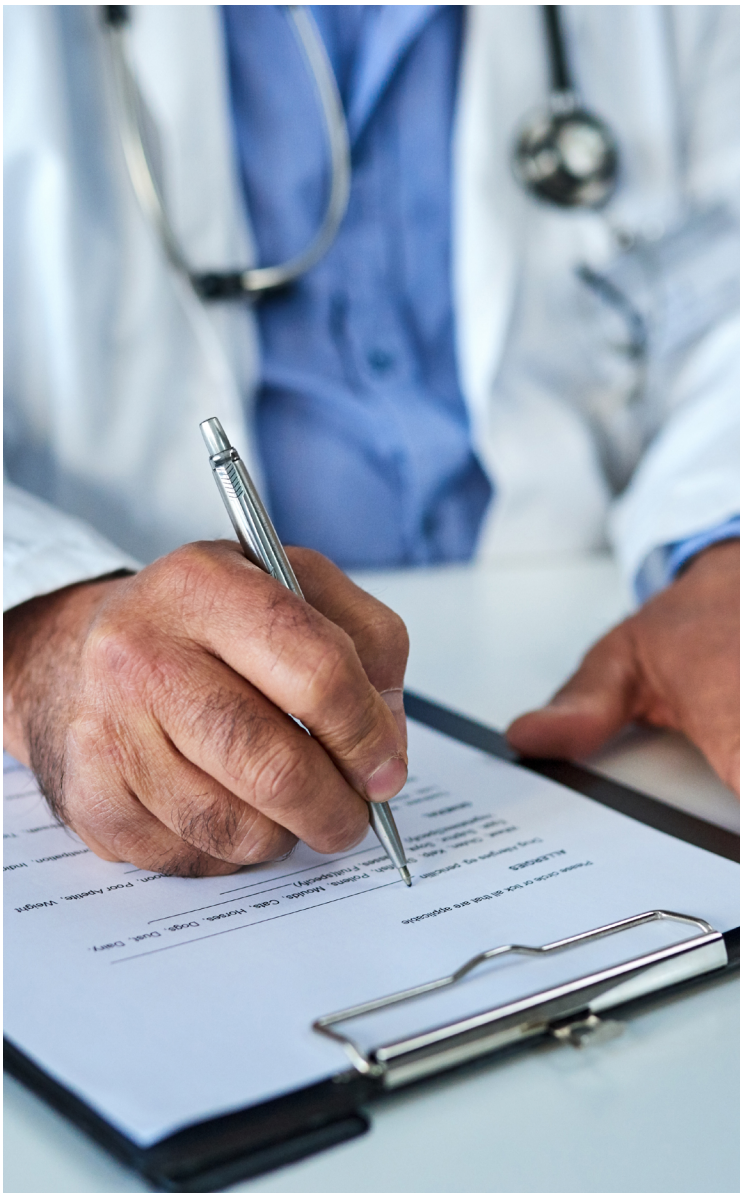
We're partnering with Advantasure® in the Remote Clinical Documentation Improvement (CDI) Program. The Remote CDI Program will allow us to support more primary care providers in improving documentation in their patients' medical records.

The Remote CDI Program is developed to increase risk score accuracy and Star ratings by assisting providers to accurately reflect the severity of illness in the medical record of our Medicare Advantage members.

The Remote CDI Program helps providers:

- Capture their patients' true severity of illness in the medical record
- Improve risk score accuracy
- Improve medical record documentation
- Reduce risk adjustment data validation (RADV) audit risk
- Earn incentives

We'll be sending out provider packets and a participation form to selected provider practices. To participate in the program, you simply need to complete and fax the form to the fax number listed on the form.



If you have any questions, call the Remote CDI team at 888-814-1586.

Health care provider documentation basics for risk adjustment

Use the following tips when documenting an encounter with patients:

Diagnosis:

Diagnosis should be written in a diagnostic statement within the encounter rather than listed in the record using only numeric codes.

- For example, Chronic Kidney Disease (CKD) Stage 3 should be spelled out in a statement, such as "Chronic Kidney Disease Stage 3 or CKD Stage 3, the member is followed by Nephrology" rather than listing only the diagnosis code N18.3.
- Per Fourth Quarter 2015 Coding Clinic®, "it is not appropriate for providers to list the code number or select a code number from a list of codes in place of a written diagnostic statement...it is the provider's responsibility to provide clear and legible documentation of a diagnosis, which is then translated to a code for external reporting purposes."

Abbreviations:

Abbreviations many times have multiple meanings, such as MD (major depression, muscular dystrophy) or CRF (chronic renal failure, chronic respiratory failure).

- Abbreviations for diagnoses used in the medical record should ideally be industry standard such as COPD, HTN, DM, GERD, CAD.

Contradictory information:

A diagnosis may appear in a problem or past medical history list that has worsened or resolved.

- Review documentation in a member record to ensure the highest specificity of the condition is captured and is monitored, evaluated, assessed or treated.
- When contradictory diagnosis severities exist within a member encounter, we recommend you ask the health care provider to clarify which is correct. When a query is not an option, the lesser condition should be used for reporting purposes for the encounter.
- For example, if both CKD 3 and CKD 4 are documented, only CKD 3 should be confirmed or added if you're unable to ask the provider.

The correlation between diagnoses and services is a checks and balances system to determine the expense was warranted. For professional services, it is referred to as Medical Necessity and for Risk Adjustment. Monitor, evaluate, assess and treat (MEAT) is used to support the condition.

For example, in the case of CKD Stage 3b, **only one** of the following elements needs to be documented for MEAT to be considered complete.

Monitor - Lab results: GFR 45, BUN 28, Creatinine 2.1

Evaluate - Chronic Kidney Stage 3 due to Diabetes Mellitus Type 2, currently stable

Assess - Follows with Dr. Jones of Nephrology

Treat - Maintain dosage of Lisinopril, follow up in three months

Using these basic guidelines will lead to better health care for the patient and improved outcomes for those with chronic conditions.

Security Corner: Have a plan

In the event of a cyberattack or data breach, you have three immediate priorities:

- Secure your operations.
- Fix vulnerabilities.
- Notify appropriate parties.

Have a plan in place for saving data, running the business and notifying patients in the event of a breach or cyberattack. Get started on your plan with help from the Federal Trade Commission.

Reminder: 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.

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

Clinical guidelines

AIM Specialty Health, an independent contractor that provides prior authorization and medical necessity review services for BCBSNE, 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. 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.