

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, 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.

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.

AIM prior authorization updates effective March 13, 2022

Effective for dates of service on and after March 13, 2022, the following updates will apply to the AIM Clinical Appropriateness Guidelines. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe and affordable health care services.

Updated Guidelines

Radiology:

- Cardiac Imaging
- Imaging of the Abdomen and Pelvis
- Imaging of the Brain
- Imaging of the Chest
- Imaging of the Head and Neck
- Imaging of the Heart
- Oncologic Imaging

Interventional Pain Management:

- Epidural Injection Procedures (ESI) and Diagnostic Selective Nerve Root Blocks (SNRB)
- Paravertebral Facet Injection/Medial Branch Block (MBB)/Neurolysis
- Sacroiliac Joint Injections
- Spinal Cord and Nerve Root Stimulators

Radiation Oncology:

- Radiation Oncology
- Proton Beam Therapy



- ➔ For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines at aimspecialtyhealth.com/resources/clinical-guidelines.

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Along with the updated guidelines, the following codes will also be added to the prior authorization list to be reviewed by AIM effective March 13, 2022.

Code	Description
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume and mean transit time
0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session
0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)
0633T	CT Breast W/3d Rendering Uni without contrast
0634T	CT Breast W/3d Rendering Uni with contrast
0635T	CT Breast W/3d Rendering Uni with or without contrast
0636T	CT Breast W/3d Rendering Bi without contrast
0637T	CT Breast W/3d Rendering Bi with contrast
0638T	CT Breast W/3d Rendering Bi with or without contrast

2022 HEDIS® quality measure changes with Star Rating impacts

In October 2021, the National Committee for Quality Assurance (NCQA) released value set changes for the following Healthcare Effectiveness Data and Information Set (HEDIS®) Quality measures:

New and returning measures that are expected to be included in Star Ratings:

- ▶ **Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)**
 - Patients age 18 and older who have multiple high-risk chronic conditions and who had a follow-up visit within seven days of an emergency department visit
- ▶ **Plan All-cause Readmissions (PCR)**
 - The number of acute inpatient and observation stays for patients age 18 and older that were followed by an unplanned acute readmission for any diagnosis within 30 days
- ▶ **Transitions of Care (TRC)**
 - Patients who had an acute or non-acute inpatient discharge during the measurement year and who had each of the following:
 - Notification of inpatient admission
 - Receipt of discharge information
 - Patient engagement after inpatient discharge
 - Medication reconciliation post-discharge

The Comprehensive Diabetes Care (CDC) measures have been separated as follows:

- ▶ **Eye Exam for Patients with Diabetes (EED)**
 - Patients ages 18–75 with a diagnosis of diabetes (type 1 or type 2) who received screening or monitoring for diabetic retinal disease
- ▶ **Hemoglobin A1c Control for Patients with Diabetes (HBD)**
 - Patients ages 18–75 with a diagnosis of diabetes (type 1 or type 2) whose HbA1c was adequately controlled ($\leq 9\%$) as of Dec. 31 of the measurement year



Visit [NebraskaBlue.com/MA-Manual](https://www.NebraskaBlue.com/MA-Manual) to read the tip sheets for these measures—including who is included in the measure, exclusions and tips.

Understanding Star Ratings

An introduction to the Centers for Medicare & Medicaid Services Star Ratings program

▶ What is the Medicare Star Ratings program?

The Centers for Medicare & Medicaid Services (CMS) developed the Medicare Star Ratings program to help consumers compare Medicare Advantage (MA) health plans based on quality and performance. The program includes a set of quality performance ratings developed by the National Committee for Quality Assurance and CMS for all MA health plans. CMS rates the relative quality of service delivered by health plans and care delivered by providers based on a five-star rating scale, where five stars indicate the highest score.

▶ How are CMS Star Ratings determined?

The ratings include specific clinical, member perception and operational measures. There are approximately 40 measures in the star rating framework.

To best capture a range of quality metrics, Star Ratings are determined using different data sets including, but not limited to the following:

- HEDIS collects primarily clinical outcomes and data. This HEDIS data best reflects care delivered by the provider and staff.
- Prescription Drug Event data collected by health plans to provide insight for prescription drug-related measures.
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey sent to a random sample of members every spring to measure their experience with care delivered and the health plan. This data focuses on the member's accessibility to quality care.
- The Health Outcomes Survey (HOS) is sent every summer to a random sample of members to measure self-reported health status and the quality of their healthcare. A follow-up survey is sent to these same members two years later to measure changes in health perception.
- Operations data from health plans is used to assess the quality of customer service and other services health plans are providing to their members.

▶ CMS Star Ratings: What is your role as a provider?

By providing high-quality care to patients in a timely manner, providers play a critical role in the Star Ratings program. There are different opportunities for providers to engage with patients to help ensure high quality and timely care while helping patients manage their health.

▶ Areas of opportunity to align provider practices with the CMS Star Ratings program:

- Promote timely and appropriate screenings, tests and treatment
- Provide education to staff members for proper documentation of care delivered
- Strengthen patient and provider relationships through open communication regarding health care needs and quality of care
- Collaborative development of chronic condition care plan
- Follow-up with patients regarding medications
- Assess timeliness of care and work with office staff to optimize scheduling
- Refer to [HEDIS measure tip sheets](#)

These practices promote patient safety, preventive medicine, early disease detection and chronic disease management, which is especially beneficial for this population. Star Ratings help members enhance relationships with providers and health plans by ensuring accessibility to care, enhanced quality of care and optimal customer service.

Gain insights from CAHPS research on improving the patient experience



CMS can help providers better understand their Medicare patients' needs and expectations through research from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. CMS annually compiles findings about improving the patient experience and understanding health outcomes.

You can access reports, articles and case studies through the [Agency for Healthcare Research and Quality \(AHRQ\): Research on Improving the Patient Experience](#).

Read the [CAHPS survey tip sheet](#) to learn more about why this annual survey is important, how it's conducted, what questions are asked and ways you can successfully address care opportunities for patients.

Impact of social isolation among the elderly

Loneliness is the feeling of being alone, regardless of the amount of social contact. Social isolation is a lack of social connections.

Losing a sense of connection and being part of a community can change a person's perception of the world. Some face a loss of independence or increased disability due to the aging process.

As individuals age, many are alone more often than when they were younger which can lead to social isolation, loneliness and health problems.

Seniors have an increased risk for loneliness and social isolation, in part because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness and hearing loss.

Social isolation and loneliness can be linked to higher risks for a decline in health and mental conditions, some of which may include:

- Cognitive decline, dementia, Alzheimer's disease
- Heart disease
- Stroke
- Depression, anxiety and suicide
- Sleep problems
- High blood pressure
- Obesity
- Weakened immune system

Members who find themselves unexpectedly alone due to the death of a spouse or partner, separation from friends or family, retirement, loss of mobility and lack of transportation are at a higher risk.

People are generally social by nature and those who engage in meaningful, high-quality relationships along with engaging in productive activities seem to maintain their well-being and may even improve cognitive function. This type of interaction tends to help boost their mood and have a sense of purpose and can lead to a longer life.

For members without social connections, a doctor's appointment or visit from a home health nurse may be one of the few face-to-face encounters they have. This creates a unique opportunity for healthcare providers to identify members at risk for loneliness, depression or social isolation.





Security Corner: Payment redirection

Keep an eye on your clinic's receivables—the money owed to you by a payor. If receivables start to consistently take longer than usual, there's the risk that payments could have been illegally redirected by cyber criminals. Contact the payor immediately if you notice this trend.



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.