Medicare Advantage Update
AUGUST 2022

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 Access PPO Provider Manual. To request permission to reprint this material for any other purpose, please send an email to the editor, Amanda Minckler, at **Amanda.Minckler@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.

Medicare Advantage prior authorization updates

Effective Oct. 1, 2022, additional neurostimulator codes will require prior authorizationb (PA) for services. In addition, several policies including the Ambulatory Event Monitors & Mobile Cardiac Outpatient Telemetry, Carvykti™ part B drug and Cosmetic and Reconstructive Surgery were updated. The PA list and policies can be found at NebraskaBlue.com/MA-Manual.

Manage osteoporosis to limit disability

Musculoskeletal conditions are the second largest contributor to disability, according to the World Health Organization.

The Osteoporosis Management in Women Who Had a Fracture (OMW) HEDIS® star measure assesses women 67–85 years of age who suffered a fracture and had either a bone mineral density test or received a prescription to treat osteoporosis within six months of the fracture.

Read the tip sheet to learn more about this measure and what information to include in medical records.

HEDIS®, which stands for Healthcare Effectiveness Data Information Set, is a registered trademark of the National Committee for Quality Assurance (NCQA).reported to the Internal Revenue Service as taxable income.

The information in this newsletter applies to Blue Cross and Blue Shield of Nebraska's Medicare Advantage Core HMO and Medicare Advantage Access PPO plans. The information in these articles is not intended to be legal advice and, as such, it is the provider's responsibility to ensure that all coding and documentation is done in accordance with applicable state and federal laws and regulations. 92-221 (08-08-22)

In this issue

Remember to discuss fall risk, urinary incontinence and physical activity with Medicare patients

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

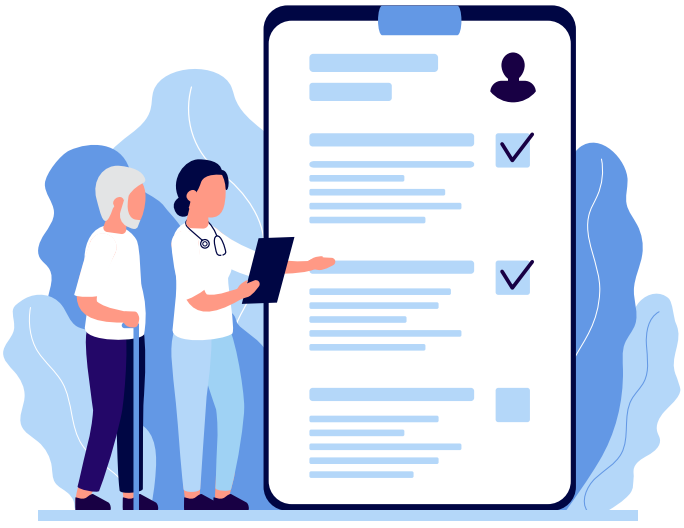
- Falls are the leading cause of death by injury in people 65 and older; every year, 1 in 4 older adults fall.
- Urinary incontinence is significantly underreported and underdiagnosed.
- Any amount of physical activity reduces the risk of developing certain chronic conditions and increases quality of life.

Due to these serious health concerns, the Medicare Health Outcomes Survey (HOS) 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 August to November, asks randomly selected Medicare Advantage members questions related to how providers talk about these important topics with them.

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



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Rheumatoid arthritis best practices documentation and coding risk adjustment

Rheumatoid arthritis is a progressive chronic inflammatory disease in which the immune system attacks and destroys healthy joints and organs. It is incurable and classified as a systemic disease because of the extensive changes it can make to different parts of the body. When documenting rheumatoid arthritis during an encounter, ensure that all body systems affected by rheumatoid arthritis are noted. Rheumatoid arthritis is much more than joint pain and swelling, it must be monitored and, in some cases, may affect multiple body systems such as the skin, eyes, lungs, brain, heart, lungs, kidneys and liver.

Clinical documentation should include:

- An updated status of condition (stable, improved or worsening)
- Anatomical site(s) and laterality affected
- Clear indication of the type of rheumatoid arthritis (seropositive, seronegative)
- Plan/type of treatments (therapies, referrals to specialists, surgery or medications)

As a health care provider, even if you are not directly treating the condition, if a member has been diagnosed with rheumatoid arthritis, each encounter is an opportunity to inquire as to the status of the disease and ensure the member is keeping specialty appointments as well as keeping up with the care plan and treatment recommendations. The medication regimen of the member could affect additional required treatments which could cause decision-making to be more complex.

When rheumatoid arthritis is "in remission," it should be documented as "rheumatoid arthritis in remission," and should not be described or documented as "history of." There is no cure for rheumatoid arthritis. Symptoms may flare or get worse, or the disease can improve or remain stable and be referred to as "in remission." Regardless of status, rheumatoid arthritis should be included in the final impression/assessment rather than in the past medical history of the member.

Documentation best practice for rheumatoid arthritis during an encounter

Subjective:
Document current symptoms reported by the member such as joint pain, swelling, stiffness and fatigue

Objective:
Current physical exam findings, laboratory or diagnostic imaging test results

Assessment:
Be specific by describing the final rheumatoid arthritis diagnosis to the highest level of specificity such as seropositive, seronegative, laterality, affected joints, manifestations and document status (active or in remission).

*Be sure to include all chronic conditions that affect the care of the member.

Plan:
Document the plan of care or proposed treatment plan such as lab or diagnostic testing, referral to a rheumatology specialist, biologicals, therapy, patient education and follow-up appointments.

Remember if a member's condition will impact any type of treatment and/or medical decision-making for that visit, it should be reported/documented during the encounter and on the medical claim.

Security Corner: Start with identifying

One of the best ways to make security part of your practice's culture is to build it into your day-to-day operations. The first step in doing that is to **identify:**

- **Identify** all equipment and software that your practice uses.
- **Identify** security responsibilities for employees and business partners—discuss those responsibilities with them and define expectations.
- **Identify** risks and ways to monitor for continual security.

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.