South Carolina

Medicare Advantage

THE QUALITY CONNECTION

Medicare Advantage Provider Newsletter

Fall 2020 | Issue 2

WHAT'S INSIDE

WE APPRECIATE YOU!

As 2020 comes to an end, we reflect on the growth in number of our members, provider relationships, and the success of our initiatives. This year has been a year of uncertainty, and with it we have witnessed the amazing ability of our providers to adapt to the changes that were needed to continue providing care to the population. As we devote resources and attention to our most vulnerable population, our Medicare Advantage team continues to build a strong foundation for continued success. Our hope is the investments in our provider relationships and resources will be of benefit for years to come.

We are your partners in care and will strive to remain in close communication with your team as we transition into the new year. We appreciate the continued hard work and devotion of your teams.

Provider Resources

Medicare Advantage Provider Manual:
www.southcarolinablues.com/links/maprovidermanual

Medicare Advantage Provider Website:
www.southcarolinablues.com/web/public/brands/sc/providers/medicare-advantage/

Medicare Advantage Welcomes New Chief Medical Officer

We are pleased to welcome Dr. William Logan as our new chief medical officer for Medicare Advantage.

Dr. Logan is board certified in internal medicine, geriatrics and palliative medicine. His clinical work includes more than 25 years of experience in both clinical and academic practice. His educational background includes medical school at UNC-Chapel Hill, residencies at both the Mayo Clinic in Rochester, Minnesota, and UNC Hospitals, and geriatrics fellowship and clinical research degree at Duke University. He joins BlueCross BlueShield of South Carolina after seven years of work as both a provider and leader in population health and managed care for older patients. He is passionate about helping older adults to live successfully despite aging- and illness-related problems.

William Logan, M.D., MHS, AGSF, FACP
Chief Medical Officer, Medicare Advantage
BlueCross BlueShield of South Carolina

Medicare Advantage providers can contact him to discuss items related to clinical management, quality improvement, risk adjustment and the needs of Medicare Advantage patients.

Email: **William.Logan@bcbssc.com**
Phone: **864-444-8253**

MEDICATION RECONCILIATION AND READMISSION AVOIDANCE

According to the Institute of Medicine, the average hospitalized patient is subject to at least one medication error per day. This confirms previous research findings that medication errors represent the most common patient safety error. Accounting for approximately 40 percent of medication errors in the hospital setting, inadequate medication reconciliation from admission through discharge creates the potential for severe medication errors and potential hospital readmissions. Although hospital staff creates a baseline medication profile upon admission, there is an increased risk for Medicare beneficiaries who may not remember all the medications they normally take. They should be encouraged to bring a list of their medications or their medication bottles when being admitted to a hospital setting.

Reducing hospital admissions and preventing readmissions after a hospital discharge have been long-term health goals for the Centers for Medicare & Medicaid Services to improve quality of care, patient safety and decrease overall health care costs. It is important that these members receive proper follow-up after a hospital discharge by a physician who is familiar with their plan of care to verify that any changes made in the hospital are reviewed for discrepancies, duplications or omissions.

Medicare Advantage beneficiaries with BlueCross BlueShield of South Carolina have access to resources specifically related to admissions and readmission avoidance, as they are our most vulnerable population. Our Transition of Care case management team begins visiting members while they are in the hospital to help hospital case management teams appropriately secure needed resources before discharge. This not only lets our members become more engaged with our care teams, but also strengthens our relationship with our provider and care partners in the hospital settings. We follow up with these members after discharge to ensure they received a follow-up appointment with an appropriate provider, to review their medication changes and ensure members understand their discharge plan of care. We also offer a meal delivery program for 10 meals post discharge to all members. We have a nurse practitioner who can review medication profiles and contact the member's provider if there are discrepancies or contraindications between admission and discharge.

MEDICATION RECONCILIATION AND READMISSION AVOIDANCE

What can you do?

- Ensure hospitalized members receive a follow-up appointment or a medication reconciliation phone call from a registered nurse in your office after a hospitalization.
- When a member has a post hospitalization appointment, document in your notes that the member was hospitalized and complete a medication review.
- Ensure the patient has a great healthcare experience by using simple language, write down the care plan for the patient to review, and have front-desk staff set expectations when the patient arrives for their visit.
- HEDIS® compliance for medication review for post hospitalization (MRP) can be captured on the claim, using CPT II code 1111F.
- If you receive a medication reconciliation form from BlueCross BlueShield Medicare Advantage, please review for any discrepancies, date and time stamp the form, and place in the member's medical record.

A $50 incentive payment will be paid to the provider at the end of the year based on the submission of CPTII code 1111F.

MEMBER EXPERIENCE AND THE CAHPS PROGRAM

From providers to insurance plans, patient-centered care is emerging as a top priority for all. As the population of the country ages, a "one-size-fits-all" experience becomes less applicable. The Centers for Medicare & Medicaid Services has taken a strong stance on elevating the patient experience across the health care spectrum and will be putting a larger emphasis on member experience surveys like the Consumer Assessment of Healthcare Providers and Services and Health Outcome Surveys.

Ideas for re-evaluating the patient experience

Scheduling an appointment: Patient experience should be viewed from the moment the member schedules an appointment through any potential follow-up appointments. Automated menu options on the phone system should be clear and easy to understand and include an option to speak to a person if the patient's needs don't fit the menu options. How easy is it for patients to make a same-day or next-day appointment should they request one? Especially during the COVID pandemic, patients may be hesitant to seek emergency care through an urgent care facility or emergency department. Medicare beneficiaries are at a higher risk of contracting COVID and may have more health questions or concerns now than ever. Ensuring they can ask their questions or schedule an appointment can ease their concerns.

Filling out forms: Evaluate printed forms that are provided to members on arrival. When forms are reused year over year by making and keeping copies, there is a potential for the print to become less legible. Are the forms in your office clean, legible or available in larger print? Once patients come to the office for an appointment, how many forms are they required to fill out before their appointment and how frequently are they asked to update the forms?

Waiting times: Understanding the expectations for waiting times can greatly impact the patient experience. Staff welcoming patients to the office should be honest about the time until the patient is seen by a provider. Having a medical assistant complete laboratory draws, urine screenings or vital signs soon after the member arrives can alleviate a feeling of longer waiting times in a large waiting room. Give the patient a realistic time frame for when he or she may expect to see the physician.

During the appointment: Ensure patients can discuss questions or concerns they have. Address things that patients may not be as open to discuss, especially mental health concerns, urinary incontinence and fall prevention.

Follow-up appointment scheduling: Explain to members the length of time before and reason for a follow-up appointment. Is the appointment for a recheck or a different reason? Educate patients on how they should prepare for the visit, be it by fasting, expecting labs or urine samples to be drawn, etc. Have your receptionist offer reminder cards or have an appointment reminder call made a few days before the appointment, ensuring the patient is still able to keep the appointment.

MEMBER EXPERIENCE AND THE CAHPS PROGRAM

How is BlueCross working to improve the patient experience?

Our goal at BlueCross BlueShield Medicare Advantage is to continue to provide exceptional customer service to our members. We are committed to creating a seamless approach to members' care by working hand in hand with our network of providers. We conduct surveys to pinpoint member demographics that may need additional support or services in their area and work with the providers in those areas to guide members to a provider who continues to have great patient outcomes.

We have created several additional resources for our members, including quarterly newsletters with information about their benefits and seasonally appropriate topics. We are planning member health events to decrease social isolation and increase member engagement as soon as state and federal guidelines deem it safe. These events would include games, healthy snacks, interaction with members of our care management teams, explanations of benefits, and marketing to ensure members can ask questions and get answers about their benefits.

Our quality nurse navigator team is dedicated to working with our providers to ensure members are receiving the care they need between visits. Your nurse navigator is available to answer questions about our member benefits, expedite member referrals to our care management team, and guide our internal initiatives to members who need the most support.

MEDICAL RECORD REQUESTS

Thank you for responding to medical record requests in a timely manner. As the year comes to an end, your office may start receiving additional medical records requests as we conduct annual audits for HEDIS and Risk Adjustment reviews. As part of our commitment to quality care for our members, medical record reviews also allow us to be better informed about our beneficiaries' health care needs and help us implement quality improvement initiatives.

To assist with the administrative burden to your staff, our quality nurse team is available to collect these medical records on-site, via on-site EMR access or remote EMR. Medical record collection is considered part of health care operations and our team maintains compliance with HIPAA privacy rules. Please contact our team if you would allow EMR access to our nurses for the purpose of medical record collection.

Medical Record Requests are time sensitive. Please respond to requests within 10 business days and work with your assigned MA Nurse Navigator for assistance.

COMPREHENSIVE DIABETES CARE

The Centers for Disease Control and Prevention publishes a Diabetes Report Card every two years showing the status of diabetes and its complications in the United States. Last published in 2019, the report shows that approximately 19 percent of adults over the age of 18 in South Carolina have been diagnosed with prediabetes or diabetes. As the disease progresses, diabetes and its complications can severely impact the quality of life for the Medicare-aged patient. We are committed to improving the health of our diabetic population and will be collaborating with our provider teams to make diabetes a top priority for our Medicare Advantage beneficiaries.

Where do we perform well? HbA1C testing and nephropathy screening are completed annually in more than 90 percent of the diabetic population, with more than 70 percent of members being within standards for controlled values.

Where do we need more focus? Retinal eye exams are performed less often for the diabetic population over the last two years than other routine diabetic screenings. Members may not understand the difference between a refractory eye exam and a retinal exam and may not know that new technology allows for retinal exams without dilation. While routine eye exams are not covered under traditional Medicare benefits, they are covered under our plan and we encourage our members to use the additional vision benefits available to them.

Ensure each diabetic patient completes an A1c test, microalbumin test and retinopathy screening within the calendar year. Be sure to document the results of each test on the claim and in the medical record using appropriate CPTII codes.

Encouraging Collaboration in Quality Care

Our Medicare Advantage team is more than a payor and we strive to be a partner in providing the highest quality care to our members.

- **Help us target initiatives to members who need additional resources.** When submitting a claim for an HbA1C, include the CPT II code appropriate for the returned HbA1C value if available or submit a medical record of the value if using a point-of-care testing mode.
- **Let us follow up with members between visits to impact their A1C values and daily blood sugar control.** Refer members who may need additional support with their diagnosis through education or routine encouragement to your quality navigator for our care management team.
- **Encourage members to use their full available benefits.** Refer members to our customer service representatives to assist in locating an appropriate provider for their eye care needs to avoid additional out-of-pocket costs.

PRESCRIBING STATIN MEDICATIONS FOR DIABETIC PATIENTS

It is widely known and published that a diagnosis of diabetes comes with increased risk of cardiovascular events such as myocardial infarction (MI), stroke and even death. Controlling glycemia in our diabetic patients is critical to prevent complications of the disease. In addition to properly managing blood sugars, there are other adjunct therapies that have proven beneficial in diabetic patients. These include ACE/ARB inhibitors that help with blood pressure control and kidney protection as well as statin medication use to help prevent stroke and MI.

To assist with the administrative burden to your staff, our quality nurse team is available to collect these medical records on-site, via on-site EMR access or remote EMR. Medical record collection is considered part of health care operations and our team maintains compliance with HIPAA privacy rules. Please contact our team if you would allow EMR access to our nurses for the purpose of medical record collection.

Statin Intensity & Options	Age and Risk Factors
High Intensity ◆ Atorvastatin 40 mg to 80 mg ◆ Rosuvastatin 20 mg to 40 mg	◆ <40 years of age with ASCVD ◆ 40 – 75 years of age with ASCVD or ASCVD risk factors ◆ >75 years of age with ASCVD
Moderate Intensity ◆ Atorvastatin 10 mg to 20 mg ◆ Fluvastatin XL 80 mg ◆ Pravastatin 40 mg – 80 mg ◆ Rosuvastatin 5 mg to 10 mg ◆ Simvastatin 20 mg to 40 mg ◆ Lovastatin 40 mg ◆ Livalo 2 mg – 4 mg	◆ >/= 40 years of age without ASCVD risk factor
High or Moderate	◆ < 40 years of age with ASCVD risk factors ◆ >75 years with ASCVD risk factors
Moderate plus Ezetimibe	◆ >/= 40 years of age without ASCVD risk factor

PRESCRIBING STATIN MEDICATIONS FOR DIABETIC PATIENTS

Statin medications are generally well tolerated by patients. There are occasions when a patient has severe myalgias and either another statin medication is tried, dose is lowered, or discontinued altogether. There has been a retrospective investigation of patients who were not able to tolerate statins. It found that 72 percent of individuals were able to tolerate low-dose rosuvastatin every other day with a mean LDL-C reduction of approximately 34 percent.

BlueCross BlueShield of South Carolina Medicare Advantage covers the generic statins on tier one of the formulary. These generics are free to members when received as a 90-day supply at retail or mail order pharmacies.

The importance of statins in diabetic patients (SUPD) was of such clinical significance that it was adopted by the Centers for Medicare & Medicaid Services as a Star Measure for Medicare Advantage plans. The SUPD measure is triple weighted for the measurement year 2020. The national compliance rate across all Medicare Advantage plans is 82 percent of diabetic patients in 2020.

We periodically send out communications to providers we have identified as treating diabetic patients who are not on a statin. We also reach out to members to discuss statins and whether they had an adverse reaction in the past and are therefore no longer able to take the medication. Once a statin is started for these members post outreach, we have a pharmacist call and discuss therapy to assist with any questions and compliance.

Please help us to help better serve our mutual patients by discussing statin therapy for the diabetic population. For those who may have been unable to tolerate statins in the past, we ask that you consider a trial of low-dose rosuvastatin every other day.

ANNUAL WELLNESS EXAMS VERSUS ANNUAL PHYSICALS

Traditional Medicare coverage only allows for one annual visit at no cost to members, which is usually used as a Medicare Annual Wellness Exam. Our Medicare Advantage plan also offers beneficiaries a no-cost routine annual physical. We want to ensure providers can capture a comprehensive annual physical and review or document any pertinent changes to the patient's chronic conditions. This second no-cost office visit also allows our members the additional time to ask questions about their conditions, medications or plan of care. As a provider, we ask that you use the member's benefits to offer an annual physical to your patients, reminding them that it is free.

Annual Wellness Exam	Annual Physical
(initial) G0402	99381-99387
(annual) G0439	99391-99397

The Importance of M.E.A.T. During Telehealth Visits

In our continuing efforts to help limit the spread of the coronavirus (COVID-19), we will be extending reimbursement of telehealth visits. This policy will remain in effect for the period required by federal, state and agency directives. Telehealth services make it easier for patients to safely connect with their health care providers. Telehealth services are live, interactive audio and visual transmissions of a physician-patient encounter from one site to another using telecommunications technology replacing the usual face-to-face office visit. A full evaluation of the patent's current conditions and monitoring of pre-existing conditions can occur during a telehealth encounter.

By using the M.E.A.T. method, an accurate patient profile can be built during the telehealth visit.

Monitoring	◆ How is the individual doing? ◆ Are there new signs or symptoms? ◆ Conceptually represents ongoing surveillance of the condition(s).
Evaluation	◆ What is the current state of the condition? ◆ What is the provider's judgment of the condition currently? ◆ This can be the review of results or the treatment outcomes.
Assessment	◆ How will the condition(s) be evaluated or estimated? ◆ This can be documentation of prior records review, counseling, or ordering studies.
Treatment	◆ What care is being offered or what is being done to help the patient with the condition(s)? ◆ This can be a medication, a diagnostic study, or a therapeautic service.

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