



South Carolina

Medicare Advantage

THE QUALITY CONNECTION

Medicare Advantage Provider Newsletter

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COVID-19 UPDATES

COVID-19 guidance for testing, treatment and lessening exposure continues to evolve. The Centers for Disease Control and Prevention* (CDC) continues to promote COVID-19 vaccination and vaccination booster initiatives for people over age 65 and other at-risk groups. The CDC also promotes frequent testing when you have symptoms, are exposed to someone who has symptoms or are attending any events for the general public.

Beginning April 4, 2022, Medicare will now cover eight home COVID-19 tests every month for Medicare beneficiaries for no cost. This includes all Medicare Advantage plans nationwide. Members can get these home test kits through participating pharmacies. Providers and members can find a list of participating pharmacies at www.medicare.gov/medicare-coronavirus.

*The CDC and the Centers for Medicare & Medicaid Services are independent organizations that offer health information you might find helpful.

PROVIDER RESOURCES

We're updating our provider website!

You may notice some updates to the Medicare Advantage pages within the website at www.SouthCarolinaBlues.com.

We're adding hyperlinks to direct users to a *new* Medicare Advantage-specific website. It will be important as our plan grows to check for prior authorization changes, medical policies and other things that differ from our commercial lines of business. We will continue to update you with progress and let you know if there are permanent changes to frequently used links.

SPOTLIGHT ON HEDIS MEASURES

Changes to Kidney Health Measure for Diabetic Patients

While kidney disease testing for diabetic patients is highly recommended, fewer than 50 percent of people with diabetes are routinely screened for kidney disease. Together with the National Kidney Foundation, American Diabetes Association, American Medical Group Association, Centers for Disease Control and Prevention, Indian Health Service, and the National Institute of Diabetes and Digestive and Kidney Diseases, NCQA updated the criteria for kidney disease testing in 2020.

For Medicare programs, the new guidelines are being monitored and have been incorporated into Medicare Star Ratings as a display measure, meaning they do not affect Star Ratings for providers or health plans.

We anticipate this measure affecting Medicare Star Ratings in the next year.

What Changed?

Compliance for the old measure included:

- ◆ Nephropathy screening or monitoring through urine protein test.
- ◆ Evidence of treatment for nephropathy with ACE or ARB medication.
- ◆ Diagnosis of stage 4 chronic kidney disease.
- ◆ Evidence of end-stage renal disease.
- ◆ Evidence of nephrectomy.
- ◆ A visit with a nephrologist at any time during the year.

NEW measure compliance is defined by both of the following:

- ◆ An estimated glomerular filtration rate (eGFR)
- ◆ A urine albumin-creatinine ratio (uACR) done during the year

(These tests do not have to be completed on the same date of service.)

Comprehensive care of a diabetic patient includes testing for potential kidney disease even if a patient has controlled blood sugar. Please begin implementing these best-practice guideline changes.



FOLLOW-UP FOR HIGH-RISK PATIENTS AFTER EMERGENCY DEPARTMENT VISIT

This new Medicare Star Ratings measure requires follow-up services for patients with two or more chronic conditions after they have had a visit to an emergency room for any reason. The conditions identified as high risk for this measure include:

- ◆ COPD/asthma.
- ◆ Alzheimer's disease/dementia.
- ◆ Chronic kidney disease.
- ◆ Depression.
- ◆ Heart failure.
- ◆ Acute myocardial infarction.
- ◆ Atrial fibrillation.
- ◆ Stroke.

A compliant follow-up service must occur within seven days of the emergency room visit and can be completed through an outpatient visit, telephone call, transitional care management services, case management visit, telehealth visit, or outpatient or telehealth behavioral visit. It can be completed by any staff member in your office.

MEDICARE ADVANTAGE'S FOCUS ON SOCIAL DETERMINANTS OF HEALTH (SDOH)

Social determinants of health, though not direct medical problems for people, can have a huge impact on the health status of patients. This is especially true for vulnerable populations, like the Medicare beneficiaries we serve in South Carolina. These members tend to live on fixed incomes, have fewer support networks available or lack resources like transportation as they age.

Our care management team is focused on delivering attention and special care to members who voice barriers to health care through our SDOH survey. As part of our chronic condition improvement program for 2022, our care management team intends to survey, identify barriers and work to improve the health status of members who voice barriers to care. Our goal is to reduce or remove the barriers that drive members to inappropriate emergency room use, underused supplemental benefits, medication nonadherence, and noncompliance with preventive screenings and regular follow-up appointments with their providers.

Does your practice identify SDOH during annual wellness visits or other appointments? In a report published by the Centers for Medicare & Medicaid Services* in October 2021, providers utilized Z codes to document SDOH concerns for only 1.6 percent of Medicare beneficiaries. In 2021, BlueCross BlueShield of South Carolina Medicare Advantage received fewer than 300 Z codes to identify these barriers.

Documenting Z codes to identify SDOH and barriers to care will allow our health plan to help coordinate resources for members who have needs that may otherwise not be identified.





MEDICAL RECORD REQUESTS

As part of BlueCross BlueShield of South Carolina's Medicare Advantage PPO provider network, you will likely get requests for medical records throughout the year for our members. We use medical record documentation for Medicare risk adjustment audits, HEDIS quality compliance and other claims verification processes. Records may be requested for current or past members, depending on the time frame of the records being requested. Requests may also come from vendor partners.

We appreciate the prompt response from our provider partners. If there is ever a question on the validity of a medical record request, do not hesitate to reach out to your assigned quality navigator or a member of our management team.

PROVIDER INCENTIVE PROGRAM

We are kicking off our 2022 Provider Quality Incentive Program this month! All primary care provider groups with BlueCross BlueShield of South Carolina Medicare Advantage beneficiaries are eligible to participate in our incentive programs. With a focus on annual wellness visits, our Quality Assessment Report gives providers a guide to completing a comprehensive visit with our members. Highlighted items on our assessment report include reminders to:

- ◆ Discuss Health Outcomes Survey topics like bladder control and reducing falls.

- ◆ Discuss CAHPS® survey topics related to member experience.
- ◆ Discuss medication adherence.
- ◆ Identify and address social determinants and barriers to care.
- ◆ Address and document preventive health screenings.
- ◆ Address and document chronic conditions for Medicare risk adjustment.

Our incentive program is administered through our quality nurse navigator team. If you would like more information about your potential incentive for this program, please contact our senior manager, Lindsey Giglio, at 803-264-0164 or by email at Lindsey.Giglio@bcbsc.com.



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