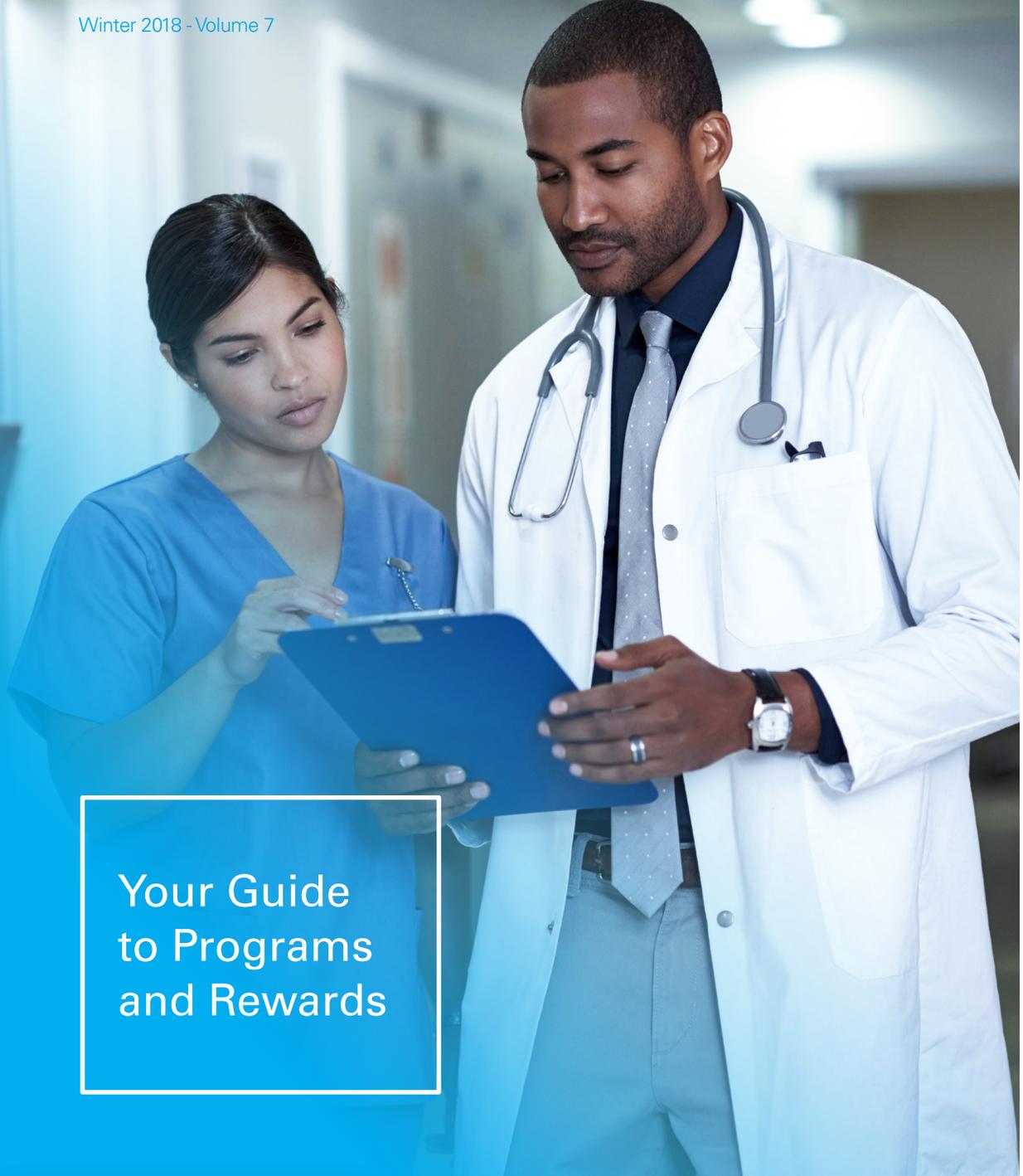


QUALITY CARE QUARTERLY

Winter 2018 - Volume 7



Your Guide
to Programs
and Rewards



Featuring

- A message from our VP and Chief Medical Officer, Senior Products, Dr. J.B. Sobel
- Galen Group's Successful Approach to Preventive Screenings

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Helping Medicare Advantage Patients Live Healthy Lives



It's no secret that preventive care is vitally important for seniors, and BlueCross BlueShield of Tennessee's Medicare Advantage plans are designed to help our members, your patients, live their healthiest lives. They offer preventive care, often at no cost to your patient, and encourage your patients to make healthier lifestyle choices.

Through the My Healthpath® program we encourage our members to follow five steps to better health. We want them to:

- Develop a relationship with their Primary Care Provider (PCP)
- Schedule and complete recommended preventive screenings
- Know the steps needed to participate in managing their chronic conditions
- Take their medications as directed
- Follow their healthcare providers plan of care

Healthcare providers are important to each one of those steps, and the beginning of a healthy new year includes an Annual Wellness visit for each patient with their PCP.

Patients who begin the year with a wellness check-up are more likely to remain adherent with their medications, manage their chronic

conditions appropriately, and keep up-to-date with their recommended screenings throughout the year. That's why we offer each member a reward if they complete an annual wellness visit.

Qualifying members also can receive rewards for completing preventive services like:

- Colonoscopies
- Mammograms
- Bone density screenings
- The diabetes prevention program
- Diabetic blood sugar screening
- Diabetic kidney screening
- Diabetic retinal eye exam

All of these are designed to encourage your patients to get the care they need, when they need it, to manage diseases they may already have, and prevent illness before it begins. Thank you for the high-quality care you provide our members every day and thank you for participating in our Medicare Advantage Provider Quality Partnerships.

– **J.B. Sobel, MD, MPH, MBA**
VP & Chief Medical Officer, Senior Products
BlueCross BlueShield of Tennessee

Galen Medical Group Uses Proactive Approach to Preventive Care

When Galen looked at improving gap closures for preventive screenings, they realized their process should include a proactive approach to reviewing charts prior to annual wellness visits. If they could put this important step in place, they knew it would improve their success in getting patients scheduled for mammograms, colonoscopies and other important screenings they need.

Galen Medical Group has performed exceptionally well in all measures after they made a few policy adjustments. Most importantly, the team's care coordinators began to review Electronic Health Records (EHR) prior to their patients' annual wellness visits to look for screenings they need. Standing orders for preventive measures are built in to Galen's EHR so the care coordinators can order and schedule screening appointments without having to wait for written orders from the practitioners.

The team also has dedicated care coordinators for Medicare Advantage members, so they can better focus on the senior population. The group's health information technology director, Jill White, said, "We have a strong focus on the Medicare population because they sometimes need more help with care. We know that wellness is the basic foundation for good health, and getting these patients in the door for annual wellness visits is the best way to make sure they get these important screenings completed."



The success we have had in our quality program is important because it's about patients' lives and finding ways to improve their quality of life.

– **Jill White**
Information Technology Director
Galen Medical Group



White is directly involved with the technology side of the practice. She believes the clinical data exchange is critical to their success in closing gaps and is also a vital component in transition of care. One particular situation with a younger Medicare patient who had had a stroke made an impression on her. She says the technology enabled their transition of care nurse to quickly contact the patient after a hospital discharge to review the patient's medications. The nurse discovered that the patient had not filled a critical prescription that required a prior authorization because she didn't understand what that meant. The nurse was able to take care of it right away.

Technology changes have also helped the group respond to test results more quickly. White worked with radiology practices across Hamilton County to develop care compacts. This allows the group to interface with the radiologists' systems and receive test results right away.

In Jan. 2017, Galen established a Quality Management Committee to conduct a monthly review of policies, procedures and standardized workflows. This ensures the group will be able to maintain processes that help keep them focused on quality.



A Clinical Focus

Getting BlueCare PlusSM Patients in the Office for Annual Wellness Visits

We understand the importance of the annual wellness exam, and also know the challenges you may have in getting your BlueCare Plus (dual-eligible special needs plan) patients to come in for their exams. That's why we contact members to encourage them to make and keep their appointments. And if they need transportation to get there, we arrange it for them.

The annual wellness exam is a great opportunity for our BlueCare Plus members to talk to you about any concerns they have with their health or treatment options. We encourage you to take this opportunity to review their medications and look for other gaps in care they may have. It's also a good time to fill out the Patient Assessment and Care Planning Form (PACF).

While the PACF is mandatory, keep in mind we can build a PACF for you from the Electronic Medical Record (EMR) or other information you share with us. You may fax EMRs and/or PACFs to (423) 591-9504. We'll also reimburse you \$155 if you bill us for completing a PACF by using code 96160.



BlueCare Plus Offers COPD Care Management Program

The BlueCare Plus population tends to have a high percentage of members with Chronic Obstructive Pulmonary Disease (COPD). The chronic symptoms of this disease often drive visits to the emergency room, as well as inpatient admissions.

In response to the numbers of members seeking care in the hospital setting, the BlueCare Plus quality management team has implemented a chronic care improvement program for COPD. The care management team enrolls and manages care for these members through supportive education and strategies to minimize COPD exacerbations.

This care is available for your patients with COPD. To refer a BlueCare Plus member with a complex case to us for management, please call the Care Coordinator Assistant (CCA) line at **1-877-715-9502**.

BlueCross Opioid Coverage and Quality Measures That Apply

To help address the opioid crisis in Tennessee, we are changing our Commercial coverage beginning January 1. While we want to ensure our members get the right amount of opioids for their conditions, we also want to limit the potential for misuse and/or abuse.

These changes include:

- A seven-day quantity limit for short-acting opioid prescriptions for members getting the drug for the first time.
- An enhanced prior authorization requirement for extended use of short-acting opioids. This will impact those who use more than 30 days' worth of short-acting medication in a 90-day period.
- A lower threshold for morphine equivalent dose (MME), with authorization required for more than 120 milligrams of opioids per day.
- Removal of OxyContin from the list of covered drugs, to be replaced with drugs less likely to be abused.
- Drug combination safety alerts for clinical teams and providers, which highlight inappropriate or dangerous drug combinations.
- Addition of an acupuncture benefit for alternative pain therapy (for fully insured groups and self-funded groups who opt-in).

There are now three HEDIS® quality measures associated with opioids:

- Use of opioids at high dosage – this measure looks at members 18 and older, who receive prescription opioids for 15 days or more during the measurement year, at a high dosage (MME > 120 mg).
- Use of opioids from multiple providers – focuses on members with at least two or more opioid dispensing events on different dates of service, from multiple providers, with 15 or more days covered by opioids.
- Risk of continued opioid use – focuses on members 18 and older who have a new episode of opioid use that puts them at risk for continued opioid use.

Members with cancer, sickle cell disease or in hospice care are excluded from these measures.

What you can do to help

When you dispense these medications, discuss potential addiction and other harmful effects of continued opioid use with your patients. You can also check the CDC website, TN.gov or drugabuse.gov for helpful patient resources.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). See ncqa.org.

Emphasizing Preventive Care: Combining Well-Child Checks with Other Types of Visits



Early and Periodic Screening, Diagnostic and Treatment (EPSDT) checkups are essential to the overall health and wellness of Tennessee’s kids. We’d like to ask your help to make sure all children and teens enrolled in BlueCare Tennessee get their EPSDT exams as recommended.

TennCare Kids’ screening guidelines allow you to receive reimbursement for EPSDT checkups performed at the same time as other visits. Episodic, acute care and sports-required visits are all opportunities to increase preventive care, administer vaccines and give health education.

When billing sick and well visits on the same day, please consider these recommendations from the Tennessee Chapter of the American Academy of Pediatrics (TNAAP):

- You may report an additional E/M service if you find a problem during a wellness check that requires you to perform the key components of that service. If the problem doesn’t require work-up beyond a normal preventive visit, please do not report another E/M code.
- Documentation for the visit must reflect the extra work done during the appointment. There doesn’t need to be a separate note, but the documentation should reflect a separate problem.
- BlueCare Tennessee doesn’t limit the number of well-child visits to one per year/365 days. We allow and provide coverage for inter-periodic screenings, according to Centers for Medicare and Medicaid Services (CMS) guidelines.

EPSDT exams are free for your patients – there is no copay, deductible or coinsurance to collect. For more information about EPSDT exams, please visit our TennCare Kids Toolkit in the Tools and Resources section of bluecare.bcbst.com/providers. Free TNAAP EPSDT and coding resources are also available online at tnaap.org.



Tips to Improve Low Back Pain HEDIS® Measure

The Low Back Pain (LBP) HEDIS measure is based on the percentage of patients with a primary diagnosis of low back pain that didn't have an imaging study (regular X-ray, MRI or CT scan) within 28 days of the diagnosis. These patients should also have a negative diagnosis history of 180 days.

To improve this measure, avoid ordering imaging studies in the first four to six weeks at the onset of non-radiating pain with no signs of structural damage or defects. If your patient should be excluded due to complications or health issues, be sure to include all value sets for diagnoses such as:

- Cancer
- Neurologic impairment
- Recent trauma
- IV drug abuse
- Prolonged use of corticosteroids
- Major organ transplant
- Spinal infection
- HIV
- Hospice

Encourage patients to use other methods of therapy for comfort, including:

- Ice for the first 24 hours, then alternating heat and cold
- Massage therapy
- Physical therapy
- Walking, stretching and staying mobile
- Anti-inflammatory medications (before others are considered)
- Other interventions – replacing or changing shoes, mattresses, etc.

Make it easy for them to follow up.

- Put systems in place to schedule a follow-up appointment before the patient leaves the office.
- Make scheduled appointments convenient for the patient. For example, schedule a medication follow-up with a therapy visit.
- If you're understaffed, consider making night and weekend clinic hours available.



Two New Quality Measures Related to Statin Use

CMS and the NCOA has set quality measures related to prescribing statin medications for patients with either of the following conditions:

- Diabetes
- Atherosclerotic cardiovascular disease (ASCVD)

Adding a statin medication to help lower ASCVD risk instead of targeting a specific low-density lipoprotein level is a leading recommendation of both the American Diabetes Association and the American College of Cardiology/American Heart Association.

Statin Use in Patients with Diabetes

This measure is focused on the percentage of people 40-75 who were diagnosed with diabetes but not ASCVD, and received a prescription for at least one statin medication. To close this gap, members must have remained on the statin medication for at least 80 percent of the treatment period.

Statin Use in Patients with Cardiovascular Disease

Included in the criteria for this measure are males 21-75 and females 40-75 identified as having clinical ASCVD, including:

- A diagnosis of ischemic vascular disease
- Myocardial infarction, coronary artery bypass grafting or a revascularization event, such as percutaneous coronary intervention

Patients must remain on at least a moderate intensity statin, based on risk and patient-specific factors. Examples include:

- Atorvastatin > 10 mg daily
- Fluvastatin > 80 mg daily
- Lovastatin > 40 mg daily
- Pravastatin > 40 mg daily
- Rosuvastatin > 5 mg daily
- Simvastatin > 20 mg daily

Note: Members must have remained on the statin medication for at least 80 percent of the treatment period.

Tips to Improve this Measure

Communicate with your patients to better understand any barriers they have to taking statin medications. Identify resources, supports and services that can help with medication adherence.

Statin-associated muscle symptoms are one of the most common reasons patients stop taking statins. Screening patients at risk for muscle symptoms may help you decide which statin product and dose is the most likely to prevent or lessen these side effects.

Hydrophilic statins, like rosuvastatin and pravastatin, have been shown to reduce the likelihood of muscle-related adverse effects when compared to lipophilic statins, like atorvastatin or simvastatin.

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