

THE HEALTH AND WELL-BEING OF OUR PROVIDERS WHO PROVIDE CARE FOR OUR MEMBERS ARE OUR TOP PRIORITIES AT BLUE CROSS BLUE SHIELD OF KANSAS CITY. WE STRIVE TO CREATE THE BEST EXPERIENCE FOR OUR PROVIDER PARTNERS AND MEMBERS WHO ACCESS THE BLUE CROSS BLUE SHIELD PPO NETWORK FOR MEDICAL, BEHAVIORAL, AND DENTAL HEALTH SERVICES.

BLUE KC MA TO NOTIFY OF CARE GAP AND DIAGNOSTIC ALERTS FOR OTHER BLUE MA PPO PLANS

Through the Blue Cross and Blue Shield Association MA Coordination of Care programs, Blue Medicare Advantage PPO members can obtain health care services while traveling or living in another Blue Cross and/or Blue Shield Plan's service area. Beginning January 1, 2020, Blue KC Medicare Advantage began participating in an initiative with Blue Medicare Advantage plans throughout the country to improve the experience of our members and your experience in doing business with us. To improve Blue Medicare Advantage plans' providers throughout the country, the Blue Medicare Advantage plan that services the geographic area where your practice will be the primary source for communication of quality care gaps and risk capture opportunities for any PPO Blue Medicare Advantage members you treat.

This approach will *decrease time and frustration* from notifications and requests from other Blue Medicare Advantage plans and will increase your time to focus on care of your patients!

- Blue KC Medicare Advantage will receive open quality (care gaps) and diagnostic coding alerts from participating Blue Medicare Advantage PPO plans.
- Your Blue KC Medicare Advantage Provider Engagement Team will share the Blue Medicare Advantage PPO member alerts when delivering the Blue KC Medicare Advantage (PPO & HMO) quality care gaps and diagnostic coding.
- Your performance in each of the quality measures will be delivered by your Blue KC Medicare Advantage Provider Engagement team.

*Related to COVID-19 national emergency, other Blue Medicare Advantage Plans have been delayed in sharing information. This initiative applies only to Blue Medicare Advantage PPO plans who use the BlueCard.

ACCURATELY REFLECT YOUR PATIENT'S HEALTH STATUS

Blue KC strives to identify members who may benefit from additional support through care management and/or other services. Our primary source for identifying these more clinically complex members is through diagnostic coding on claims submissions. More accurate and comprehensive diagnostic code capture by the clinician brings greater awareness to the clinical issues, needs, and barriers related to their disease process(es).

Please review documentation to ensure it thoroughly captures the health status of your patients. The positive impact of this may be seen in several ways.

- *It can assist in identifying patients who may benefit from our case management or other support programs.*
- *When chronic conditions are accurately captured through diagnosis coding, this helps to reflect the probable cost to treat and manage your patient's care. Patients with chronic conditions typically expend more resources to adequately meet their clinical needs.*
- *Managing your patients' chronic conditions may improve their health, potentially resulting in lower premiums and/or out-of-pocket costs for them.*

PATIENTS' PERCEPTION OF THEIR WELL-BEING

The Centers for Medicare & Medicaid Services (CMS) annually administers consumer assessments to measure your patients' well-being and perceptions of their health care physician, services received, and Blue Medicare Advantage plans. The results and subsequent rating of these surveys account for almost one third of overall CMS Star quality ratings. CMS continues to increase focus on monitoring and improving members' satisfaction and experiences with Medicare Advantage plans.

The first steps to healthier and happier patients with higher satisfaction are to understand these two surveys and ways you can positively impact your patients' experiences and perceptions of their care.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

- Commonly referred to as "CAHPS"
- Administered between March and June
- Evaluates patient health care experiences with aspects of care that are unique to the practitioner/patient relationship such as physician/practitioner communication skills and timeliness and coordination of care

Health Outcomes Survey (HOS)

- Commonly referred to as "HOS"
- Administered April through July (Note: HOS 2020 will be implemented August through November due to COVID health emergency.)
- Measures a Medicare Advantage organization's capabilities to maintain or improve the physical and mental health of its members over time

SMALL ACTIONS RESULTING IN BIG PATIENT SATISFACTION

Access to Care

- Patients rate how often they saw their health care provider within 15 minutes of appointment time. A brief explanation about the longer wait times can improve patient satisfaction.
- Break up wait times by moving patients from the waiting room into an exam room to take vitals.
- Contact your patients when delays are expected using telephone, text or email.
- Advise patients of the best days or times to schedule appointments.
- Ask open-ended questions to give patients a chance to share health issues and concerns.

Obtaining Medications

- Reference the formulary, write 90-day fills, and share the estimated time needed (1 day, 1 week, etc.) to resolve medication issue or obtain authorization.

Improving or Maintaining Physical Health

- Encourage and support the smallest efforts patients make toward healthier actions. Positive reinforcement creates a foundation to maintain and add to healthy lifestyle habits.

Improving or Maintaining Mental Health

- Inquire about your patients' mental health. Simple suggestions, such as hobbies, exercise, and healthy eating can have a positive effect on a patient's sense of emotional well-being.

Monitoring Physical Activity

- Be specific to strengthen your suggestions. For example, use the actual location name of a local park or shopping mall. This helps the patient with setting an actionable plan.

Improving Bladder Control

- Emphasize that you are providing medical treatment when making less conventional recommendations, such as Kegel exercises, so patients will take you seriously.

Reducing the Risk of Falling

- Remind patients about the benefits of installing handrails, using a cane, and removing scatter rugs to help prevent falls.
- Leverage plan benefits to promote reducing risk of falls

Any positive movement with your Medicare Advantage (MA) patients leading healthy, happy and productive lives is success for all involved in their care!

ANNUAL WELLNESS VISIT (AWV) GUIDES BETTER HEALTH OUTCOMES FOR YOUR PATIENTS

To help ensure better health outcomes for your patients, utilize this visit to document

Assessment and Care Plan of Chronic Conditions

- Angina Pectoris and Heart Arrhythmias
- Acquired or Congenital Absence of Limb (Amputation)
- Cancer: Colorectal, Bladder, Breast, Prostate, Other Cancers and Tumors
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Dementia
- Diabetes
- End Stage Liver Disease
- Myasthenia Gravis, Myoneural Disorders, Guillain-Barre Syndrome, Inflammatory and Toxic Neuropathies
- Major Depressive, Paranoid, and Bipolar Disorders
- Morbid Obesity
- Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
- Substance Use Disorders
- Status Codes
 - Z93.0 Tracheostomy Status
 - Z93.1 Gastrostomy Status
 - Z93.2 Ileostomy Status
 - Z93.3 Colostomy Status
 - Z93.4 Other Artificial Openings of GI Status
 - Z93.5 Cystostomy Status

Topics Impacting Well-Being

- Medication Adherence & 90 Day Prescriptions
 - Hypertension Medication: Angiotensin-Converting Enzyme (ACE) Inhibitors or Angiotensin II Receptor Blockers (ARB)
 - Diabetes Medication: Oral (Excludes Insulin)
 - Cholesterol Medication: Statins
- Fall Risk Prevention
- Urinary Incontinence
- Mental Health (e.g., depression, anxiety)

Educate on, Encourage Completion of, and Order/Schedule Medically Recommended

- Screenings for Early Detection of Other Conditions
 - Colorectal Cancer
 - Breast Cancer
 - Diabetic Retinopathy
- Labs for Monitoring Status and Impact of Chronic Conditions
 - HbA1c Control
 - Nephropathy
- Medications to Minimize Organ Damage
 - Statins
 - Aspirin

**HELP YOUR PATIENTS STAY EMOTIONALLY
AND PHYSICALLY HEALTHY THROUGH THE
AWV!**

IDENTIFYING AND ADDRESSING PATIENTS' CARE GAPS

Care gaps are evidence based assessment, treatment, management, and/or monitoring recommendations for certain chronic diseases. It is important that your patients receive their annual and preventive screenings in a timely manner to support improved health outcomes.

The patients' care gaps are based on claims processed by the BCBS since their effective date. One thing to keep in mind is if the patient had a different health plan in year(s) prior, BCBS does not have access to that information. This can be very frustrating for both the provider and member. You may encounter this more with Breast Cancer Screening, Colorectal Screening, and Eye Exam for Diabetic Retinopathy since these screenings are not always done annually.

If you hear yourself or your patient questioning and making statements like,

"Why am I getting this alert or call?"

...They had a colonoscopy 2 years ago."

...I had my mammogram in November last year."

...Just last year, I went to the eye doctor and they told me I didn't have retinopathy."

...I just had my HbA1c done last month."

It's a strong possibility that the patient was NOT a Blue MA member at the time of the procedure/diagnostic test OR no claim was submitted.

Please take these steps.

1. Review the patient's Health Plan Effective Date to see if the patient was a BCBS member prior to 2020.
2. If effective date is prior to 2020, review patient's medical record to locate documentation of the procedure.
3. If you do locate documentation, create an electronic copy of it.
4. E-Mail or call your Blue KC MA Provider Engagement contact to determine the easiest way for Blue KC MA to obtain the document.
5. If you do not locate any documentation of the procedure, either reach out to who performed it or assist the patient in scheduling an appointment to complete the screening.
6. If a document is submitted and meets the HEDIS specifications and/or claim for procedure is processed, that care gap will be closed.