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Family Physician Group Has Successful Results with Statin Measure

Over the past year, BMG Family Physicians Group Foundation, Inc. in Memphis had a steady rise in the number of patients with cardiovascular disease who received a prescription for a statin. Groups across the state who participate in the Quality Care Partnership Initiative (QCPI) program have achieved an average of 79% for the Received Statin Therapy for Patients with Cardiovascular Disease (SPC) measure. This score reflects the number of their cardiovascular patients who have received a statin prescription. Family Physicians Group has reached 93%.

Family Physician Group began participating in QCPI/Medical Home Partnership (MHP) last year. That's when they began learning about the program's HEDIS® measures and educating their staff, clinicians and providers on the standards of the program.

Angie Qualls, RN and CEO of BMG-Family Physician Group attributes their success to the diligent work of their providers. "When the physician sees a potential for cardiac issues, they begin monitoring the patient. Patients are getting cardiac evaluation and for those over 40 or with two risk factors, a prescription for a statin is given at the same time," said Qualls. "Our providers have a close working relationship with a cardiovascular group where many of their patients are referred. Through this collaboration, they work together to educate the patient."

The group's staff also has a process that helps with compliance for the SPC measure. They set up a best practice alert in their electronic medical record system that signals providers to look through the medication list of cardiac patients while they're in the exam room. "They can look right on the screen and see if the patient has been given a prescription for a statin," said Qualls.

Qualls said that while adherence, or taking the medication, isn't part of this HEDIS measure, it's still critical to the health of the patient. She said, "If the patient isn't filling the prescription, we need to look for the barriers that are keeping them from doing that. It could be the cost or side effects. People tend to talk to others who may be having side effects. And often, in their mind, statins aren't solving a problem for them."

"Collaboration with cardiologists is key to making sure your patients are not only receiving the prescription, but they understand why they need it. And using best practice alerts can help emphasize how important it is."

— Angie Qualls, RN, CEO BMG-Family Physician Group Foundation





The Important Role of MHP Care Coordinators

MHP care coordinators are embedded with providers. Through this key partnership, they let providers know if their patients need help. Patricia Love, RN is a certified case manager and the BlueCross MHP Care Coordinator for Family Physicians Group. In her role, she's focused on adherence once the prescription is written. Love calls BlueCross members to see if they've filled and are taking their medication. She educates them on the benefits of taking their statin and talks them through the side-effects. If cost is an issue, she looks for resources such as discount or no-pay cards.

Because Love has a working relationship with the staff, she can notify providers when a member isn't on a statin. If the member goes to the pharmacy and doesn't use their insurance, there's no claim. "We're asking patients to get a print-out from the pharmacy to take to their appointments. It helps the provider know if the patient filled the prescription for the statin and gives them an accurate list of prescriptions from all providers they see," said Love. Once the staff reconciles the list, the physician will also know if the patient is refilling it.

"Our goal is to keep them healthy," said Love. I tell them the proof is in the pudding. When the labs come back, we'll know if they're not taking their medication."

Clinical Focus

Behavioral Health Screening: An Important Part of EPSDT Visits

Early detection and treatment of behavioral health conditions is an essential part of well-child checkups, providing better outcomes for children and teens. During Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits, consider performing an age-appropriate behavioral health screening:

- › Depression and suicide risk screening is recommended starting at age 12 through age 21.
- › A tobacco, alcohol and drug use assessment is recommended from age 11 until age 21.

For more information about the screenings needed at each stage of development, review the Periodicity Schedule published by [Bright Futures and the American Academy of Pediatrics](#). Your patients covered by BlueCareSM and TennCareSelect are eligible for EPSDT visits and screenings according to this schedule.

If you're concerned about substance use or your patient's behavioral health, call us at **1-888-423-0131** to initiate a behavioral health referral.

Other Important Components of EPSDT Visits

Each EPSDT visit should also include these services:

- › A physical exam
- › Comprehensive health history
- › Lab tests (as needed)
- › Immunizations (as needed)
- › Vision and hearing screening
- › Developmental/behavioral screening (as needed)
- › Health education/anticipatory guidance

To help you stay up to date on the components of EPSDT exams, coding, best practices and age-appropriate guidance, we've prepared several resources. To learn more, visit our [TennCare Kids Tool Kit](#) and review the [2022 EPSDT Virtual Training](#) or our [EPSDT Provider Booklet](#).



Improving Diabetic Patient Compliance and Closing Gaps in Care

Through outreach and education, we're working to improve compliance with preventive screenings and closing gaps in care to help prevent complications and optimize the quality of life for our members with diabetes. But we know that you're the primary source of health education for your patients. So, we've included some tips and guidelines below you can use to help make sure your patients are getting the screenings they need.

The American Diabetes Association (ADA) clinical quality guidelines recommend that people with diabetes (type 1 and type 2) have regular diabetes screenings to reduce the risk for microvascular and macrovascular complications. Health inequities related to diabetes and its complications are well documented, and are associated with a greater risk, higher prevalence and poor diabetes outcomes. The ADA recommends you include collaborative communication and goal setting with the patient, and all team members, in your patients' diabetes management plan.

Educate your patients about the importance of early detection and encourage annual screenings to help improve diabetes management. It's also important to coordinate care with your patients' specialists, including nephrologists and endocrinologists.

The HEDIS Diabetes Care measures (for patients 18-75 years old)

- › A controlled A1C less than 8
- › A diabetic retinopathy eye exam, retinal or dilated, performed by an eye care professional (interpretation by an optometrist or ophthalmologist) with or without evidence of retinopathy
- › A controlled blood pressure (BP) under 140/90

Note: The gaps for A1C and BP can reopen during the year based on results. The last result documented will stand as the patient's representative level for the year. You can use the lowest systolic and the lowest diastolic readings for a patient's BP level if they're taken on the same date and same visit. For example, if the first reading is 130/95 and the second is 156/80, the gap can be closed with the reading of 130/80.

Providers performing in-office retinal imaging and sending results to eye care professionals to review and interpret can use CPT® II codes such as 2022F, 2024F, 2026F.

Kidney Health Evaluation for Patients with Diabetes (for patients 18-85 years old)

Patients diagnosed with diabetes or dispensed insulin or hypoglycemics/anti-hyperglycemics on an ambulatory basis (during the measurement year or year prior) should have both of the following during the measurement year on the same or different dates of service within four days:

- › At least one eGFR (Estimated Glomerular Filtration Rate Lab Test Value Set) AND
- › At least one uACR (Urine Albumin-Creatinine Ratio) each year

Statin Therapy for Patients with Diabetes (for patients 40-75 years old)

- › Received statin therapy: Patients who were dispensed at least one statin medication of any intensity during the measurement year
- › Statin Adherence 80%: Patients who remained on a statin medication of any intensity for at least 80% of the treatment period

Note: The ADA and the American Heart Association recommend that patients 40-75 years old with diabetes, who don't have atherosclerotic cardiovascular disease, receive a statin of any intensity in addition to lifestyle therapy.

Tips for Closing Gaps in Care for These Measures

- › Patients can only enter the HEDIS denominator once a year.
- › Use complete and accurate value set codes and exclusion codes.
- › You'll need to perform multiple attestations if you choose to submit testing dates within the Quality Care Rewards (QCR) platform.



The Importance of Flu Vaccines

Now more than ever, it's important to educate your patients on the importance of the flu vaccine. According to the National Committee for Quality Assurance (NCQA), the flu vaccine can reduce flu-related hospitalizations by 71%.

Even if your patients missed the optimal vaccination window this fall, it's still important for them to consider receiving the vaccine. Consider offering these reminders to prepare your team – and your patients if appropriate.

- › Talk with your patients about the heightened importance of getting the flu vaccine and staying healthy during cold and flu season.
- › The US Centers for Disease Control and Prevention (CDC) recommends everyone six months of age and older consider the annual flu vaccination.
- › Discuss whether getting the flu vaccine along with a COVID-10 booster is appropriate.
- › Patients in the third trimester of pregnancy can receive the flu vaccine to help protect their infants during the first months of life.

According to the CDC, patients who are 65 years and older are at higher risk of serious complications and hospitalization from the flu. Other high-risk patient groups include pregnant people, young children, people with disabilities and those with chronic conditions such as asthma, heart disease and stroke, HIV/AIDS, cancer and chronic kidney disease.

Resources

[National Committee for Quality Assurance \(NCQA\)](#)

[Live Attenuated Influenza Vaccine \(LAIV4\)](#)

[CDC](#)

Do Your Patients Get the Blues?

Everyone feels sad or low sometimes, but as you know, these feelings usually pass with a little time. Depression has other symptoms in addition to sadness. It's important to remember that depression can occur when patients have chronic illnesses, such as diabetes, cancer, heart disease and chronic pain. Many patients also have an increase in depression from the changing seasons, holiday stresses, finances and year-end concerns. When a patient's physical and mental conditions are both affected, it can have compounded effects on their health outcomes.

Integrating the right antidepressant medication, compliance regimen and appropriate behavioral therapy can all help lead to positive benefits and outcomes for your patients.

HEDIS Antidepressant Medication Management (AMM)

The goal of this measure is for patients 18 years and older, who were treated with antidepressant medication and had a diagnosis of major depression, to remain on antidepressant medication as follows:

› **Effective Acute Treatment Phase:**

84 days (12 weeks)

AND

› **Effective Continuation Treatment Phase:**

180 days (six months)



Best Practices

- › Encourage patients to get 90-day fills of their prescription to help save money and promote medication compliance.
- › Engage family members and others who are part of their support system in the patient's treatment plan. Advise them about the importance of treatment and attending appointments.
- › Encourage patients to continue any prescribed medication, even if they feel better. Inform them of the danger of discontinuing these types of medications suddenly. Studies show, if they take the medication for less than six months, they're at higher risk of recurrence.
- › Assess patients within 30 days from when the prescription is first filled for any side effects and their response to treatment. Remind them that with time and treatment, their depression can lessen.
- › Coordinate care between behavioral health and primary care physicians.
- › Reach out to patients who cancel appointments and assist them with rescheduling as soon as possible.
- › Include all the following in medical record documentation:
 - Date of service
 - Diagnosis of major depression
 - Antidepressant medication prescribed

Managing the Effects of Drug Costs for Medicare Advantage Patients

This is the final article in a four-part series on understanding medication cost and ways to help your patients manage it.

Part Four: How to Optimize Pharmacy Benefits for Patient Cost Savings

There are many ways Medicare Part D beneficiaries can save money with their prescription drug benefit. Review the information below to help your patients make the most of their benefits.

Drug Formulary and Cost Sharing Tiers

A drug list (formulary) is a list of medications selected by the plan with the help of a team of doctors and pharmacists. The list must meet Medicare's requirements and be approved by the Centers for Medicare & Medicaid Services. Every drug on the plan's drug list is placed on a cost-sharing tier. In general, the higher the cost-sharing tier, the higher the patient's cost for the drug. We have five cost-sharing tiers for Medicare Advantage plans:

- › Tier 1 – Preferred Generic Drugs
- › Tier 2 – Generic Drugs
- › Tier 3 – Select Insulins and Preferred Brand Name Drugs
- › Tier 4 – Non-Preferred Drugs
- › Tier 5 – Specialty Drugs

Patients will have the most cost savings with Tier 1 Preferred Generic Drugs. Generic drugs used to treat diabetes, hypertension and cholesterol are included on Tier 1 to encourage adherence. Also, Tier 1 drugs are covered even during the coverage gap.

To find out if a drug is on the patient's approved drug list and its tiering, you can go to [bcbstmedicare.com](https://www.bcbstmedicare.com) or call Provider Service at **1-800-899-2640**.

Network Pharmacies

In most cases, prescriptions are covered only if a patient fills the medication at a network pharmacy. Network pharmacies have a contract with the plan to provide covered prescription drugs. While a patient can go to any network pharmacy, some pharmacies provide preferred cost sharing. Starting in 2023, our Medicare Advantage members can get a 90- or 100-day supply of a Tier 1 medication at no cost to them at preferred pharmacies. To find network pharmacies, you can visit [bcbstmedicare.com](https://www.bcbstmedicare.com) and/or call Provider Service.

Mail-Order Service

Mail-order pharmacies make it easy to order or refill medication online or by phone. Not only can the patient save time by not driving to the pharmacy, but the patient may be able to also save money. In 2023, our mail order service will allow a patient to order up to a 100-day supply of Tier 1 medications at no cost to them.

Long-Term Supply of Medication

For some drugs, a patient can get a long-term or extended, 90- or 100-day supply. For Tier 1 and Tier 2 medications, the patient can get a 90-day (or 100-day supply for Tier 1 drugs starting in 2023) for the same cost as a 30-day supply at a preferred pharmacy or through mail order! However, a long-term supply should only be used in patients who are stable on their chronic medications. Avoid using a long-term supply for new medications, medications that require titration or medications with frequent dose changes until the patient is stable on their dose.

Five Tips to Share with Patients About Optimizing Their Pharmacy Benefits:

- 1 Review your pharmacy benefits every year to stay informed of any changes.
- 2 Ask for a generic medication or lower tier drug when possible.
- 3 Fill your medicines at an in-network, preferred pharmacy or through a mail-order pharmacy.
- 4 Get a 90-day supply of covered drugs you use regularly when available.
- 5 Save your health plan's number in your phone so you can call a representative and ask questions as they arise.



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