



Reviewing the appropriate use of resources

PA Health & Wellness has utilization management and claims management systems to identify, track and monitor care provided to our participants. Utilization management (UM) care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, maternity care and ancillary care services. PA Health & Wellness uses nationally recognized criteria (such as InterQual) if available for the specific service; other criteria are developed internally through a process that includes the review of scientific evidence and input from relevant specialists.

UM decision-making is based only on appropriateness of care and service and the existence of coverage. PA Health & Wellness does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Denials are based on lack of medical necessity or lack of covered benefit.

To help us make appropriate UM decisions, providers should submit complete clinical information with the initial request for a service or treatment. If a denial of coverage or care is issued, providers have the opportunity to discuss the denial decision with a physician or another appropriate reviewer at the time of notification of an adverse determination.

Providers may request UM criteria pertinent to a specific authorization, or speak to a UM representative, at any time by contacting the UM Department at **1-844-626-6813** (TTY **1-844-349-8916**).

How we measure quality

PA Health & Wellness strives to provide quality healthcare to our participants as measured through HEDIS quality metrics.

HEDIS, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allow direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee composed of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS allows for standardized measurement and reporting and accurate, objective side-by-side comparisons. Learn more at ncqa.org.

Please note the HEDIS measures highlighted on the next pages regarding diabetes, depression and the use of antibiotics.



Our participants' satisfaction matters

To provide the best care, PA Health & Wellness surveys our participants annually about their healthcare experiences. Because you and your staff are such an integral part of our participants' healthcare experiences, we share the results with you. The survey results show how participants feel about care they receive from our providers and service they receive from the health plan.

PA Health & Wellness uses the results to help improve care. With your assistance, providers can improve survey results by focusing on customer service year-round, improving communication and helping participants feel connected to their providers and the health plan.

Results were gathered using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. In addition, PA Health & Wellness submits survey results to the NCQA to meet accreditation requirements.

Be on the lookout for depression

According to the Agency for Healthcare Research and Quality (AHRQ), depression is among the leading causes of disability in those ages 15 and older.

Screening tools vary, but AHRQ says providers may start with the PHQ-2, a two-question patient health questionnaire. If providers receive affirmative answers to the questions, they can follow up with the more detailed PHQ-9 questionnaire or a different diagnostic tool.

Several HEDIS measures examine the diagnosis and treatment of depression:

- Depression Screening and Follow-Up for Adolescents and Adults: The percentage of participants ages 12 and older who were screened for depression using a standardized tool and who, if screened positive, received follow-up care.
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults: The percentage of participants ages 12 and older with a diagnosis of depression who had an outpatient encounter that resulted in a PHQ-9 score in their records.
- Depression Remission or Response for Adolescents and Adults: The percentage of participants ages 12 and older with a diagnosis of depression and an elevated PHQ-9 score who had evidence of response or remission within four to eight months after the initial elevated PHQ-9 score.

Additional HEDIS measures examine treatment standards, including care after a hospitalization for a mental health issue, and antidepressant medication management.

If you have patients who struggle with depression, anxiety, substance abuse or other behavioral health conditions, PA Health & Wellness has resources to help. You can learn more about our behavioral health services at PAHealthWellness.com. For help identifying a behavioral health provider or for prior authorization for inpatient or outpatient services, call **1-844-626-6813** (TTY **1-844-349-8916**).

Appropriate use of antibiotics

When participants are sick, they may request antibiotics. But prescribing antibiotics to participants who do not need them can lead to antibiotic resistance. In addition, reactions to antibiotics cause 1 out of 5 medication-related visits to emergency rooms.

Several HEDIS measures assess whether plans are prescribing antibiotics appropriately. For adults, the Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis measure recommends against the use of antibiotics to treat acute bronchitis in otherwise healthy adults.



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Helping participants manage diabetes

Besides being a leading cause of death in the United States, diabetes is the main factor in kidney failures, lower-limb amputations and adult-onset blindness. PA Health & Wellness offers participants with type 1 and type 2 diabetes access to disease management programs to help them learn more about their condition and manage it better. Disease management for participants with diabetes focuses on glycemic control and monitoring for possible complications of the disease.

For providers, this means monitoring several factors. Healthcare Effectiveness Data and Information Set standards measure participants ages 18 to 75 with diabetes who had the following tests:

- Hemoglobin A1c (HbA1c) test completed at least once a year. A result of more than 9 percent shows poor control, while a result of less than 8 percent shows control. For a select population, the result should be less than 7 percent.
- Retinal or dilated eye exam every year or an eye exam showing no evidence of retinopathy in the year prior.
- Nephropathy screening using a macroalbumin or microalbumin urine test at least annually (unless there is documented evidence of nephropathy).
- Blood pressure control. A healthy blood pressure is generally under 140/90 mmHg.

PA Health & Wellness is here to help you keep participants with diabetes healthy. We can assist your office in finding participants a vision provider. Please call us at **1-844-626-6813** (TTY **1-844-349-8916**).

Who should get a flu shot?

According to the Centers for Disease Control and Prevention (CDC), almost everyone ages 6 months and older should get a flu vaccine. However, participants with severe, life-threatening allergies to ingredients in the vaccine—such as certain antibiotics and gelatin—and participants under 6 months of age cannot get a flu shot. Providers should also discuss risks with participants who have egg allergies, are sick, have weakened immune systems or have had Guillain-Barré syndrome.

If there is a shortage of flu shots, the CDC recommends that providers prioritize getting the vaccine to people in the following groups:

- People ages 50 and older
- People with chronic pulmonary or cardiovascular disorders
- People who are immunosuppressed
- Women who will be pregnant during flu season
- Residents of nursing homes and chronic care facilities
- American Indians and Native Alaskans
- People with a BMI greater than 40
- Healthcare personnel

Go to the **CDC website** to learn more about flu shot guidelines. For Medicaid participants, **HEDIS measures evaluate how many adults ages 18 to 64 receive the flu vaccine**.

Supporting participants with disease management

PA Health & Wellness' disease management programs help participants with chronic conditions, such as diabetes, self-manage their health. The programs do this by ensuring that referrals are made to the proper providers, providing health education, promoting coordination among providers and encouraging adherence. We educate patients and provide support and tools needed to help them understand and control their condition, all with the goal of fewer complications.

In addition to disease management programs for participants with chronic illnesses, we offer case management for participants with complex medical needs. If you have a participant you think would benefit from these services, call us at **1-844-626-6813** (TTY **1-844-349-8916**).



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Meeting **appointment accessibility** standards

Are your patients able to obtain services when they are needed? PA Health & Wellness monitors the availability of our network practitioners. Availability is key to participant care and treatment outcomes.

PA Health & Wellness follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. We monitor compliance with these standards annually and use the results of monitoring to ensure adequate appointment availability and reduce the unnecessary use of emergency rooms.

Please review the appointment availability standards in the Provider Manual.

After-hours requirements

Participants need to know who to contact after business hours. Providers are required to offer arrangements for access to a covering physician after business hours, or they must have an answering service, triage service or voice message that explains to participants how to access urgent and emergency care. This helps ensure our participants get the best possible healthcare.

The requirements below ensure that our participants have adequate access to needed healthcare services and can access their providers after normal business hours and on weekends.

Offices using an answering machine must:

- Provide a message directing participants to call 911 or go to the nearest emergency room if they think it is too urgent to wait for a doctor to call back.
- Provide instructions on how to contact the doctor if the situation is urgent.

Offices using an answering service must:

- Direct participants to call 911 or go to the nearest emergency room if they think it is too urgent to wait for a doctor to call back.
- Provide an option to contact the provider on call with the participant's contact information. When possible, the provider must return the call within 30 minutes.