



HEDIS measures performance

PA Health & Wellness strives to provide quality healthcare to our participants. We help measure and improve our performance using HEDIS quality metrics.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA). NCQA uses a committee of purchasers, consumers, healthcare plans, healthcare providers and policymakers to develop the HEDIS measures. The measures allow employers, purchasers and consumers to compare plans by providing a standardized method for managed care organizations to collect, calculate and report information about their performance.

PA Health & Wellness, like most health plans, uses HEDIS to measure our performance on important aspects of care and service. Through HEDIS, NCQA holds PA Health & Wellness accountable for the timeliness and quality of healthcare services (including acute, preventive, mental health and other services). We also review HEDIS data to identify opportunities to improve rates and ensure our participants are receiving appropriate care.

Please familiarize yourself with the HEDIS topics covered in this issue of the provider newsletter: screening for alcohol use and asthma.

You can help improve our HEDIS scores

Your practice can help better our HEDIS performance scores. One way to do that is by reviewing the specific HEDIS measures we discuss in each issue of our newsletter to help providers meet quality improvement goals, such as greater use of preventive health screenings. We also offer guidance on how to bill appropriately to meet the applicable HEDIS measure specifications. Please follow state and/or Centers for Medicare & Medicaid Services billing guidance and ensure the HEDIS codes are covered before submitting.

Documentation is an important part of improving HEDIS scores. Here are a few tips:

- Submit accurate and timely claim or encounter data for every service rendered.
- Ensure that chart documentation reflects services billed.
- Bill (or report by encounter submission) for services delivered, regardless of contract status.
- Do not include services that are not billed or are not billed accurately.
- Consider including CPT II codes to reduce medical record requests.
- Respond promptly to requests for records.

Guidelines for care

PA Health & Wellness adopts preventive and clinical practice guidelines based on the health needs of our membership, and on opportunities for improvement identified as part of the Quality Improvement (QI) program.

When possible, we adopt preventive and clinical practice guidelines formulated by nationally recognized organizations, government institutions, statewide initiatives and/or a consensus of healthcare professionals in the applicable field.

The guidelines are made available as resources for preventive services, as well as for the management of chronic diseases, to develop treatment plans for participants and to help participants make healthcare decisions. PA Health & Wellness providers' adherence to the guidelines is evaluated at least annually, through HEDIS and other performance measurement.

For the most up-to-date version of preventive and clinical practice guidelines, go to PAHealthWellness.com.

Keep up to date on pharmacy coverage

PA Health & Wellness is committed to providing appropriate and cost-effective drug therapy to our participants.

For our Medicaid participants, we utilize a Preferred Drug List (PDL) and update it regularly. A printed copy of the most current PDL includes the procedures for prior authorization and other guidelines, such as step therapy, quantity limits and exclusions. If you have questions about our pharmacy procedures or would like a printed copy of the PDL, please call **1-844-626-6813 (TTY 1-844-349-8916)**. You can also view the PDL online at PAHealthWellness.com.



Guidelines for alcohol use disorder

Unhealthy alcohol use, ranging from excessive drinking to alcohol dependence, is a common issue, responsible for 1 in 10 deaths among adults ages 20-64, says the Centers for Disease Control and Prevention.

Yet according to the American Psychiatric Association (APA), fewer than 10 percent of individuals in the U.S. with a 12-month diagnosis of alcohol use disorder receive any treatment. In January 2018, the APA released a new guideline, "**Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder,**" designed to increase knowledge of the disorder and ensure the appropriate use of medications for treatment. It includes information on assessment and treatment planning.

For patients with moderate to severe alcohol use disorder without contraindications to the medications, the guideline says:

- Use of naltrexone and acamprosate is recommended for patients when nonpharmacological approaches have not been effective or when patients prefer the use of medication.
- Use of disulfiram is suggested for patients who have not responded to or are intolerant of naltrexone and acamprosate, who prefer disulfiram and understand the risks of alcohol consumption while taking the drug, and who have a goal of abstinence.
- Topiramate and gabapentin are suggested for patients who have not responded to or are intolerant of naltrexone and acamprosate, who prefer topiramate, and who have a goal of reducing alcohol consumption or achieving abstinence.

Screening for alcohol use

The HEDIS measure "**Unhealthy Alcohol Use Screening and Follow-Up (ASF)**" is among six new free digital measure packages NCQA is launching in 2019. The measure, added to HEDIS in 2017, is designed to improve the quality of measurement of how many participants 18 years of age and older are screened for unhealthy alcohol use and, if found to be using alcohol in an unhealthy way, receive appropriate follow-up care.

NCQA is providing the six free digital measure packages as part of a launch of its Electronic Clinical Data Systems (ECDS) reporting. In addition to alcohol screening, these include measures for depression, and adult and prenatal immunization. The measures are not yet eligible for public reporting, use in accreditation or health plan ratings.

You can read more about digital quality measures [here](#).



Participants have **rights** and **responsibilities**

Participant rights and responsibilities cover participants' treatment, privacy and access to information. We have highlighted them below.

Participant rights include:

- Receive information in a manner and format that may be easily understood and is readily accessible to participants and potential participants.
- Receive accurate, easily understood information and assistance in making informed healthcare and long-term services and supports (LTSS) decisions about his or her health plans, professionals, and facilities.
- A choice of healthcare and LTSS providers that is sufficient to ensure access to appropriate high-quality healthcare.
- Access emergency healthcare services when and where the need arises.
- Fully participate in all decisions related to his or her healthcare and LTSS. Participants who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members or other conservators.
- Considerate, courteous and respectful care from all members of the healthcare and LTSS system at all times and under all circumstances.
- Communicate with providers in confidence and have the confidentiality of his or her individually identifiable healthcare and LTSS information protected. Participants also have the right to review and copy his or her own medical and LTSS records and request amendments or corrections to their records.
- A fair and efficient process for resolving

differences with their health plans, healthcare and LTSS providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion.

Participant responsibilities include:

- Take responsibility for maximizing healthy habits, such as exercising, not smoking, and eating a healthy diet.
- Become involved in specific healthcare decisions.
- Work collaboratively with healthcare and LTSS providers in developing and carrying out agreed-upon treatment plans.
- Disclose relevant information and clearly communicate wants and needs.
- Use the health plan's internal complaint and appeal processes to address concerns that may arise.
- Avoid knowingly spreading disease.
- Recognize the reality of risks and limits of the science of medical care and the human fallibility of the healthcare professional.
- Be aware of a healthcare and LTSS provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
- Become knowledgeable about his or her health plan and LTSS coverage and health plan and LTSS options (when available) including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.
- Show respect for other patients, health workers and LTSS workers.
- Make a good-faith effort to meet financial obligations.
- Abide by administrative and operational procedures of health plans, healthcare and LTSS providers, and government health benefit programs.
- Report wrongdoing and fraud to appropriate resources or legal authorities.

You can find these participant rights and responsibilities in your Provider Manual. Visit **PAHealthWellness.com** or call **1-844-626-6813 (TTY 1-844-349-8916)** if you need a copy of the manual.

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Spring asthma risks

For participants with seasonal allergies, the arrival of spring may also mean the start of itchy eyes, sneezing, congestion and other irritations. But



participants with both allergies and asthma may have more serious issues.

According to a study in the October 2017 issue of *The Journal of Allergy and Clinical Immunology*, 15-38 percent of patients with allergic rhinitis

also have asthma. In addition, allergic rhinitis is a risk factor for asthma, and uncontrolled allergy symptoms can affect asthma control.

Appropriately managing participants' asthma can reduce the need for rescue medication as well as reduce the number of visits participants make to the emergency room.

Two **HEDIS measures** assess treatment of participants with asthma:

- Medication management for people with asthma: Assesses the number of participants ages 5-85 with persistent asthma who were dispensed asthma-controlled medications and who remained on the medications for at least 75 percent of their treatment period.
- Asthma medication ratio: Assesses number of participants ages 5-85 with persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Managing complex care

Participants with high-risk, complex or catastrophic conditions, including asthma, diabetes, sickle cell disease, HIV/AIDS and congestive heart failure, often have difficulty facilitating care on their own. A PA Health & Wellness care manager may be able to help.

Care managers are advocates, coordinators, organizers and communicators. They are trained nurses and practitioners who promote quality, cost-effective outcomes by supporting you and your staff, as well as your patients and their caregivers.

A care manager connects the PA Health & Wellness participant with the healthcare team by providing a communication link between the participant, his or her primary care physician, the participant's family and other healthcare providers, such as physical therapists and specialty physicians.

Care managers help participants understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician.



Our team is here to help your team with:

- Noncompliant participants
- New diagnoses
- Complex multiple comorbidities

Providers can directly refer participants to our care management program. Providers may call **1-844-626-6813** (TTY **1-844-349-8916**) for additional information about the care management services offered by PA Health & Wellness.

Helping moms Start Smart

We want to help women take care of themselves and their babies from the time they find out they are pregnant through postpartum and newborn periods.

Start Smart for Your Baby® (Start Smart) is a care management program for women who are pregnant or have recently given birth. The program can help participants find a doctor, set up appointments or find community resources.

To take part in Start Smart, women can contact Participant Services at **1-844-626-6813** (TTY **1-844-349-8916**). Want to help? As soon as you confirm a patient's pregnancy, submit a notification of pregnancy (NOP). The NOP can be found at **PAHealthWellness.com**.