



## You can help improve our HEDIS scores

Your practice can better our HEDIS performance scores. One way to do this 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.

## HEDIS measures performance

**Absolute Total Care strives to provide quality healthcare to our members.** We help measure and improve our performance using the Healthcare Effectiveness Data and Information Set (HEDIS) quality metrics.

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.

Absolute Total Care, like most health plans, uses HEDIS to measure our performance on important aspects of care and service. Through HEDIS, NCQA holds Absolute Total Care 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 members 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.



## Celebrating National No One Eats Alone Day

A positive prevention initiative designed to promote inclusion in middle schools was celebrated at Jonesville Elementary/Middle School in Jonesville, South Carolina, on February 15, 2019.

Representatives from Absolute Total Care hosted an assembly in honor of national No One Eats Alone® Day, created by the nonprofit Beyond Differences™. Students participated in activities designed to teach them about social isolation and its negative impact on student health and academic performance. They then demonstrated inclusion and sat with students at lunch who they didn't know, or who may have felt left out. They were given icebreaker topics to discuss to highlight their commonalities.

Social isolation affects millions of students and has been identified as a precursor to bullying, self-harm and community violence. Students have shown that if they are given the tools, they will stand up for others as empathetic and caring activists, not passive bystanders.

No One Eats Alone Day, which reached more than 1 million students in all 50 states in 2019, is sponsored by the Centene Charitable Foundation.



## 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.

## HEDIS: 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 members 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](#).



## Managing complex care

**Members 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. An Absolute Total Care 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 Absolute Total Care member with the healthcare team by providing a communication link between the member, his or her primary care provider, the member's family, and other healthcare providers, such as physical therapists and specialty physicians.

Care Managers help members 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 members
- New diagnoses
- Complex multiple comorbidities

Providers can directly refer members to our Care Management Program. Providers may call **1-866-433-6041** for more information about care management services.

## Spring asthma risks

For members with seasonal allergies, the arrival of spring may also mean the start of itchy eyes, sneezing, congestion and other irritations. But members 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 to 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 members' asthma can reduce the need for rescue medication as well as reduce the number of visits members make to the emergency room.

### HEDIS

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

- Medication management for people with asthma: Assesses the number of members 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 members 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.

## We value your feedback

The Absolute Total Care 2018 Provider Satisfaction Survey was administered to providers last year. Survey questions covered a range of topics, including provider relations, coordination of care, utilization, finance and overall satisfaction. Here are some of the results.

### Our providers gave us high ratings in the following areas:

- Process of obtaining member information eligibility, member information and copay amount.
- Health plan's ability to answer quality metrics, care gaps and value-based payment models.
- Health plan's ability to answer questions and solve problems related to core business functions such as claims, eligibility and prior authorizations.

### The survey also revealed areas for opportunity for 2019:

- Availability of comparable drugs to substitute those not included in the formulary.
- Variety of branded drugs on the formulary.
- Extent to which formulary reflects current standards of care.

If you participated in the provider survey, thank you! Addressing continuity of care and sharing information among providers are important parts of providing quality care for our members. Your feedback will guide our improvement efforts over the next year.



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## 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 members find a doctor, set up appointments or find community resources.

To take part in Start Smart, women can contact Member Services at **1-866-433-6041**. Want to help? As soon as you confirm a patient's pregnancy, submit a Notification of Pregnancy (NOP) Form. The NOP can be found at [absolutetotalcare.com](http://absolutetotalcare.com).

# Members have **rights** and **responsibilities**

**Member rights and responsibilities cover members' treatment**, privacy and access to information. We have highlighted a few below.

Member rights include, but are not limited to:

- Receiving all services that we must provide
- Assurance that member medical record information will be kept private
- Being able to ask for, and get, a copy of medical records, and being able to ask that the records be changed/corrected if needed

Member responsibilities include:

- Asking questions if they don't understand their rights
- Keeping scheduled appointments
- Having a member ID card with them
- Always contacting their primary care provider (PCP) first for nonemergency medical needs
- Notifying their PCP of emergency room treatment

The Provider Manual includes a more comprehensive list of member rights and responsibilities. Visit [absolutetotalcare.com](http://absolutetotalcare.com) or call **1-866-433-6041** if you need a copy of the manual.

## Keep up to date on pharmacy coverage

Absolute Total Care is committed to providing appropriate and cost-effective drug therapy to our members.

For our Medicaid members, 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 **1-866-433-6041**. You can also view the PDL online at [absolutetotalcare.com](http://absolutetotalcare.com).



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