



HEDIS measures performance

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA).

Most health plans use HEDIS to measure 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 behavioral health HEDIS topics covered in this issue of the provider newsletter.

The impact of asthma

According to the Centers for Disease Control and Prevention, more than 18 million adults and 6.2 million children in the U.S. have asthma. That's about 7.6 percent of adults and 8.4 percent of children.

Besides causing emergency room visits and hospitalizations, asthma can lead to missed school and workdays and limitations on day-to-day activities. However, symptoms can be treated and controlled, allowing members with asthma to live healthier lives.

The National Committee for Quality Assurance has two Healthcare Effectiveness Data and Information Set measures for analyzing the level of care given to those with persistent asthma ages 5 to 85:

- **Medication Management for People with Asthma:** This measure assesses those who were dispensed appropriate asthma controller medications that they remained on for at least 75 percent of their treatment period.
- **Asthma Medication Ratio:** This measure assesses those who had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year. Asthma patients with an AMR less than 0.5 may be using their controller medication infrequently, leading them to use rescue medication more often.

Be sure to discuss the importance of using controller medication with your patients who have asthma. It's also important that all patients with asthma have an asthma action plan so they know what to do to prevent and treat their disease.





HEDIS measures for treatment of depression

- **Depression Screening and Follow-Up for Adolescents and Adults:** Measures the percentage of members ages 12 and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care within 30 days.*
- **Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults:** Measures the percentage of members ages 12 and older with a diagnosis of major depression or dysthymia who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.*
- **Depression Remission or Response for Adolescents and Adults:** Measures the percentage of members 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 of the elevated score.*
- **Follow-Up After a Mental Health Admittance:** Assesses adults and children ages 6 and older who were hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up care within seven days of discharge and within 30 days of discharge.
- **Antidepressant Medication Management:** Assesses adults ages 18 and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their medications during the acute phase of treatment (12 weeks) and the continuation phase (six months).

**This measure is new for 2018.*

Clinical practice guidelines for depression

Depression is one of the most common mental health disorders in the U.S. According to the National Institute of Mental Health, in 2015, more than 16 million adults (ages 18 and older), or 6.7 percent of all adults, had at least one depressive episode in the past year.

Clinical practice guidelines from the American Psychiatric Association describe recommended actions at each stage of treatment, including activities that should take place during all phases of treatment. Here are a few of those activities. Read them all at psychiatryonline.org/guidelines.

- **Complete the psychiatric assessment**, including a physical and mental status exam and a review of existing over-the-counter and prescription medications.
- **Evaluate the safety of the patient** to determine the risk of suicide.
- **Establish the appropriate treatment setting**, using the least restrictive setting possible.
- **Evaluate and address functional impairments and quality of life**, maximizing the patient's ability to work, attend school and participate in social and leisure activities.
- **Coordinate the patient's care with other clinicians.**
- **Monitor the patient's psychiatric status**, watching for new or changing symptoms.

Absolute Total Care 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. Absolute Total Care evaluates providers' adherence to the guidelines at least annually, primarily through monitoring of relevant HEDIS measures.

Follow-up care is key

While identifying members with depression is important, following up on their treatment after diagnosis is critical to continuing improvement. The clinical practice guidelines developed by the American Psychiatric Association note providers should assess potential barriers to treatment adherence. Symptoms of depression, including lack of motivation and pessimism, and side effects of medications may make members reluctant to continue treatment.



What **disease management** can do for your patients

Absolute Total Care offers disease management programs to members with conditions such as diabetes and asthma. **The programs can:**

- Provide education regarding a member's condition, helping encourage adherence to treatment plans
- Help members and their caregivers manage conditions
- Increase coordination among the medical, social and educational communities
- Ensure that referrals are made to the proper providers
- Ensure coordinated participation from physicians and specialists
- Identify modes of delivery for coordinated care services, such as home visits, clinic visits and phone contacts

If you know a member who would benefit from disease management, call Absolute Total Care at **1-866-433-6041** (TTY: **711**) or visit our provider portal to initiate a referral.

Promoting good care and communication

When you have a patient with multiple conditions or who needs complex, coordinated care, communication is key.

Absolute Total Care offers care management to help members who may not be able to facilitate care on their own. It's intended for members with high-risk, complex or catastrophic conditions such as asthma, diabetes, sickle cell disease, HIV/AIDS and congestive heart failure.

Care managers are trained nurses and other clinicians who act as advocates, coordinators, organizers and communicators. They support both patients and their caregivers, as well as you and your staff, and promote quality, cost-effective outcomes.

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 physician, the

member's family and other healthcare providers, such as physical therapists and specialty physicians.

Care managers do not provide hands-on care, diagnose conditions or prescribe medication. Instead, care managers help members understand the benefits of following a treatment plan outlined by a physician and the consequences of not following the plan.

Care managers can help your team with members who are not adhering to their treatment plan, members with new diagnoses and members with complex multiple comorbidities.

Providers can directly refer members to our care management program by phone or through the provider portal. Providers may call **1-866-433-6041** (TTY: **711**) for additional information about the care management services Absolute Total Care offers.

A shared agreement

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

Member rights include but are not limited to:

- Receiving all services that Absolute Total Care must provide
- Being treated with dignity and respect
- Knowing their medical records will be kept private
- Being able to ask for, and get, a copy of their medical records
- Being able to ask that their medical records be changed or 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 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. Call **1-866-433-6041** (TTY: **711**) or visit absolutetotalcare.com if you need a copy of the manual.





Know your pharmacy facts

Here are a few things to know before prescribing medication to Absolute Total Care members:

1. Absolute Total Care is committed to providing appropriate and cost-effective drug therapy to its members. Not all drugs are covered. Some need a prior authorization, and some may have limits on age, dose and maximum quantities.
2. Absolute Total Care uses a preferred drug list (PDL)—a list of drugs members can get at retail pharmacies—and updates it quarterly. You can find the most up-to-date PDL, including information about prior authorization and other guidelines, such as step therapy, quantity limits and exclusions, at absolutetotalcare.com.
3. If you have questions about our pharmacy procedures or would like a printed copy of the PDL, please call **1-866-433-6041 (TTY: 711)**.

Help members **Start Smart**

Regular prenatal care is vital to helping women have healthy pregnancies and healthy babies.

Here are a few ways to help your patients:

- Talk to women before they become pregnant. Remind members of the importance of prenatal care. Also remind women to start taking prenatal vitamins and folic acid before they try to conceive.
- Let women know that after a positive home pregnancy test, they should schedule a prenatal exam to confirm the pregnancy and begin prenatal care. Providers should submit a notification of pregnancy (NOP) form as soon as a member's pregnancy is confirmed. This ensures Absolute Total Care is aware of the pregnancy and can provide the needed support and member incentives.
- Hand out a prenatal care schedule. Be sure to let women know about bloodwork and tests that take place during a pregnancy so they know what to expect and can ask questions.
- Encourage members to schedule their next prenatal care appointment before they leave your office.

The American Academy of Family Physicians offers detailed perinatal care guidelines at aafp.com.

The guidelines include recommended tests and physical exams during each of the three trimesters, as well as information on dietary guidelines and counseling topics, such as safe air travel.

Once you have filed an NOP, women can enroll in the Start Smart for Your Baby® program. The care management program, for women who are pregnant or who have recently given birth, helps women take care of themselves and their babies through prenatal, pregnancy and postpartum periods. It can help members find a doctor, set up appointments or find community resources. Members can find out more by calling Member Services at **1-866-433-6041 (TTY: 711)**.

Readmissions update

Absolute Total Care is updating our retrospective 30-day readmission review policy. This change is occurring to align the readmission policy time frames to be more in line with the Provider Dispute time frames.

Effective May 1, 2017, Absolute Total Care will change the time frame for hospitals to request a review of an adverse determination of a related readmission and the financial recovery period to the following:

- Hospital has 30 days upon notification of a “relatedness” determination to request a review of an adverse determination.

For detailed information on the readmission process, please review the readmissions policy at absolutetotalcare.com under Provider Manuals and Forms/Payment Policy, or call **1-866-433-6041 (TTY: 711)**.



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