



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 Arkansas 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 members are receiving appropriate care.

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. currently 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 work days 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 between the ages of 5 and 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 0.50 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 with 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 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 18 years of age 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 last 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.

Arkansas 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. Arkansas Health & Wellness 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

Arkansas Health & Wellness offers disease management programs to members with conditions such as diabetes and asthma. **These 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 Arkansas Health & Wellness at **1-800-294-3557** 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.

Arkansas Health & Wellness 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 Arkansas Health & Wellness 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 **1-800-294-3557** for additional information about the care management services Arkansas Health & Wellness offers.

A shared agreement

Member rights and responsibilities cover members' treatment, privacy and access to information. There are many more member rights and responsibilities, and we encourage you to consult your provider manual to review them. Visit

ARHealthWellness.com or call **1-800-294-3557** if you need a copy of the manual.

Member rights include but are not limited to:

- Receiving all services that Ambetter must provide
- Being treated with dignity and respect
- Knowing their medical records will be kept private, consistent with state and federal laws and Ambetter policies
- Being able to see their medical records
- Being able to receive information in a different format in compliance with the Americans with Disabilities Act

Member responsibilities include:

- Understanding their health problems and telling their healthcare providers if they do not understand their treatment plan or what is expected of them
- Keeping scheduled appointments, and calling the physician's office whenever possible if there is a delay or cancellation
- Showing their member ID card at appointments
- Using an emergency room only when they think they have a medical emergency; otherwise, the member should call their primary care provider
- Following the treatment plans and instructions for care that they have agreed on with their healthcare providers





Know your pharmacy facts

Here are a few things to know before prescribing medication to Arkansas Health & Wellness members:

1. Arkansas Health & Wellness 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. Arkansas Health & Wellness 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 ARHealthWellness.com.
3. If you have questions about our pharmacy procedures or would like a printed copy of the PDL, please call 1-800-294-3557.

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 both 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 Arkansas Health & Wellness 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 on its website 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 **1-800-294-3557**.



Provider Relations

Thank you for participating with Arkansas Health & Wellness. You have an essential role in the care of our members; therefore, we have a dedicated Provider Relations Team at your service. Our team is here to provide the tools and support you need to deliver the best quality of care. Please email us at Arkansas_Health_Wellness_Provider_Relations@CENTENE.COM to schedule a visit with your Provider Relations Representative.

AHW Provider Webinar Series

Arkansas Health & Wellness hosts webinars every quarter. The Provider Webinars are designed to offer our providers and their office staff the opportunity to learn from subject matter experts and ask questions about current topics and best practices. Registration is free, and each webinar will be one hour in length.

Please proceed to ARHealthWellness.com/providers/resources/provider-webinars.html and register. Instructions on accessing the webinars will follow. Reminders will be sent via email once registered.

Your credentialing rights

Credentialing protects our members by ensuring that providers meet state and federal regulatory requirements and accreditation standards.

During the credentialing and recredentialing process, Arkansas Health & Wellness obtains information from outside sources such as state licensing agencies and the National Practitioner Data Bank.

If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, Arkansas Health & Wellness will notify the practitioner and request clarification.

A written explanation detailing the error or the difference in information must be submitted to Arkansas Health & Wellness to be included as part of the credentialing and recredentialing process. Information must be sent in a timely manner to avoid delays in the credentialing process.

Practitioners have the right to:

- Review primary source materials collected during this process.
- Request the status of their credentialing application.
- Ask questions about the credentialing process at any time.

Providers can learn more by contacting Provider Services at 1-800-294-3557.



Secure Provider Portal

Arkansas Health & Wellness is here to provide the tools and support you need to deliver the best quality of care. Our Secure Provider Portal offers an easy way for you to manage patient administrative tasks quickly. Visit the portal at Provider.ARHealthWellness.com.

PLEASE NOTE:

Once you log in to the portal, you must fill out the fields at the top of the page to receive accurate information.

- Select your tax ID.
- Select the applicable product
- (Ambetter or Allwell).
- Click "GO."

Protected and convenient access at your fingertips:

- **Visibility of Multiple TINs:** One point of entry allows for quick and easy access to member information for multiple TINs/practices.
- **Access Daily Patient Lists from One Screen:** One concise view allows primary care providers to scan patient lists for member eligibility, care gaps and much more.
- **Manage Batch Claims for Free:** Submit and manage claims, including batch files, for free. View detailed Electronic Funds Transfer (EFT) payment history.
- **Simplify Prior Authorization Process:** "Smart Sheets" feature prompts for required clinical information when submitting prior authorization requests.
- **Additional Features to Streamline Office Operations:**
 - View patient demographics and history
 - Secure messaging between provider and Arkansas Health & Wellness
 - Update provider demographics



Help your patients earn rewards

Our My Health Pays rewards program gives your Ambetter patients the opportunity to earn reward dollars for taking charge of their health. This program provides incentives when your patients take advantage of their preventive care benefits by helping them earn up to \$200 per year in reward dollars.

Ambetter members earn rewards by completing healthy behaviors. These include annual wellness exams, flu vaccines, completing a personalized health plan and taking part in physical activities. These rewards are automatically added to a Visa® Prepaid Card and can help offset the cost of:

- Doctor copays*
- Deductibles
- Coinsurance
- Monthly premium payments

Together we can help your patients take advantage of their preventive services and earn rewards. An informative guide to billing these preventive services can be found on the “Provider Resources” section of our website. Look under “Reference Materials” for the “Wellness and Preventive Services Fact Sheet.” Please call our provider services team at **1-877-617-0390** to learn more.

**My Health Pays™ rewards cannot be used for pharmacy copays.*

Arkansas Total Care

Arkansas Health & Wellness, in partnership with Mercy Health and Lifeshare, Inc., has formed Arkansas Total Care—a company representing the new model of organized care under Arkansas Medicaid called a Provider-led Arkansas Shared Savings Entity, or PASSE. This new model of care will serve Medicaid beneficiaries who have behavioral health (BH) and/or intellectual and developmental disabilities (IDD) service needs.

The PASSE care model was created to form a more organized system that will improve the health of Arkansans who need more intensive levels of specialized care. Arkansas Total Care is one of five PASSE programs certified by the Arkansas Insurance Department as a Risk-Based Provider Organization.

Under this new model, the **Arkansas Department of Human Services (DHS)** has implemented a two-phase approach. During Phase One, which began February 2018, the PASSE entities will be responsible for care coordination services for those BH and IDD individuals who have been independently assessed to need Tier II or Tier III services. During this phase, Medicaid will remain fee-for-service, and PASSE will only provide care coordination services.

Phase Two, which begins January 2019, will require the PASSE entities to assume full risk of the Medicaid programs that are administered for this group of individuals. The PASSE will be responsible for total healthcare management of Tier II and Tier III individuals who need BH or IDD services. Those who meet the Tier I level of care will be allowed to voluntarily enroll in a PASSE during Phase Two.

Arkansas Total Care recommends that all IDD providers join each of the PASSE provider networks in order to evaluate how the organizations work for you and your individuals. The Department of Human Services is providing a transitional period in 2018 that will allow you to evaluate the efficiencies and quality of the administrative services that the PASSE intends to provide.

For more information, visit our website at **ArkansasTotalCare.com** or call us at **1-866-282-6280** or TDD/TTY: **711**.

Notice: Policy Updates

This notification is to inform you that Arkansas Health & Wellness is amending or implementing new policies. The effective date for the policies listed below is 5/13/2018.

- CP.MP.137 Fecal Incontinence Treatments
- CP.MP.150 Home Phototherapy for Neonatal Hyperbilirubinemia
- CP.MP.151 Transcatheter Closure of Patent Foramen Ovale
- CP.MP.152 Measurement of Serum 1,25-dihydroxyvitamin D
- CP.MP.153 Helicobacter Pylori Serology Testing
- CP.MP.154 Thyroid Hormones and Insulin Testing in Pediatrics
- CP.MP.155 EEG in the Evaluation of Headache
- CP.MP.156 Cardiac Biomarker Testing for Acute Myocardial Infarction
- CP.MP.157 25-hydroxyvitamin D Testing in Children and Adolescents
- CP.PHAR.338 Cerliponase alfa (Brineura)
- CP.MP.22 Stereotactic Body Radiation Therapy
- CP.MP.107 DME
- CP.MP.138 Pediatric Heart Transplant



Disclosure of Ownership Forms

Thank you for participating in the NovaSys Health network maintained by Arkansas Health & Wellness. You should have received a packet with the Disclosure of Ownership form. Please contact us at **1-877-617-0390** if you did not receive the mailing. Please complete the Disclosure of Ownership form and return it to us in order to avoid any unnecessary disruptions in your network status. The completed form can be returned to us via email at arkcredentialing@centene.com or via fax at **1-844-357-7890**.

We appreciate the service and care you provide for our members, which contribute to the success of Arkansas Health & Wellness. Feel free to contact us with any questions at **1-877-617-0390**.

Allwell's 2018 Rewards Program

Similar to Ambetter, we seek to reward our Medicare members for taking control of their health. Allwell members are rewarded with a Walmart gift card upon the completion of healthy behaviors. Member rewards are mailed when we receive the claim and eligibility verification.

Rewards include:

- Earn \$25 by getting a colorectal cancer screening. One reward per calendar year.
- Earn \$25 by getting your flu vaccine. One reward per flu season.
- Earn \$25 by getting a mammogram. One reward per calendar year.
- Earn \$100 by completing your wellness exam with your primary care provider (PCP). One reward per calendar year.
- Earn \$25 by completing an HbA1c test if you have diabetes. One reward per calendar year.
- Earn \$25 by completing your diabetes retinal (eye) screening if you have diabetes. One reward per calendar year.
- Earn \$25 by completing your kidney screening (urine protein test) if you have diabetes. One reward per calendar year.



We encourage our providers to work with their patients to complete as many of these healthy behaviors as possible. Only with your help can we succeed in providing the highest quality of care.

Incentive payments are also available for providers. Providers receive a traditional payment, and the member gets a Walmart gift card. To learn more about Allwell Provider Incentives, please contact the Provider Relations Team at **1-855-565-9518** or by email at Arkansas_Health_Wellness_Provider_Relations@CENTENE.COM.



No Referrals Needed

While most other Medicare Advantage HMOs require a referral, Allwell does not. At this time, Allwell members are free to visit any in-network provider without a referral.



arkansas
health & wellness

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