

Disease management supports **healthy outcomes**

As part of our medical management and quality improvement efforts, we offer members disease management programs.

A major goal of our disease management program is to support the member's ability to self-manage chronic conditions. We strive to achieve this by ensuring that

referrals are made to the proper providers, providing health education, promoting coordination among providers and encouraging adherence.

Learn more about our disease management services at **AmbetterofArkansas.com** or call **1-877-617-0390**.

REMINDER:

Submit medical records

To help us process authorization requests accurately and efficiently, please submit sufficient medical information to justify the request and allow for timely processing. Submitting insufficient medical records can cause processing delays and increase the risk for denials.

If you have questions or concerns about the type of medical information required, contact our Medical Management Department at **1-844-267-0281**. You can also log in to the Provider Portal for full details on submitting medical records.

HEDIS SPOTLIGHT:

Antidepressant medication management

The HEDIS AMM measure includes two sub-measures:

- 1. Antidepressant medication management (acute phase).** Percent of health plan members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 12 weeks.
- 2. Antidepressant medication management (continuation phase).** Percent of members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 6 months.

Depression is the most common form of mental illness, affecting about 6.9% of American adults. Antidepressants have a significant role in treatment plans, but patient adherence is a notable challenge.

We need your help to make adherence a priority among patients who have been prescribed antidepressants. Ask patients to discuss side effects should they arise. We encourage you to suggest patients track their feelings with a simple notation on their calendar—a plus or minus mark, a smiling or frowning face. At their next appointment, review overall trends along with medication compliance. For many patients, feeling involved in their treatment program can encourage adherence.



Updates to our pharmacy coverage

Ambetter of Arkansas is committed to providing high-quality, appropriate and cost-effective drug therapy to its members. We are regularly evaluating therapeutic classes and new drugs that arrive on the market.

Our Pharmacy and Therapeutics Committee, whose membership includes community-based physicians, pharmacists and other practitioners, makes decisions on changes to the Preferred Drug List (PDL), or formulary.

Learn more: To get a printed copy of the most current PDL, which includes the procedures for prior authorization and other guidelines, such as step therapy, quantity limits and exclusions, please call Provider Relations at **1-877-617-0390**. You can also view the PDL online at **AmbetterofArkansas.com**.

Pharmacy corner: Upcoming formulary changes

The Ambetter Pharmacy Department is constantly working on improving and streamlining the Ambetter formulary. With that in mind, we will be revising utilization management restrictions on the following drugs. These changes will be effective on or before 3/01/16.

CHANGES TO THE AMBETTER 2016 FORMULARY
Remove PA off of Tramadol
Remove ST off of Marplan
Remove ST off of Aloxi
Remove PA off of Rifabutin, generic only
Remove PA off of Emcyte
Remove PA off of letrozole and move generic to tier 1; remove PA off of Examestane
Remove PA off of Valacyclovir
Remove PA off of Escitalopram
Add Eliquis to Tier 2 with no PA and QL of 74/30; remove PA off of Enoxaparin
Add niacin, generic version only, to Tier 1
Remove PA off of Zylflo CR
Remove PA off of Serevent; add BreoEllipta on Tier 2 with no PA and quantity limit of 1 package/month



A shared agreement—members' rights and responsibilities

Member rights and responsibilities cover members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your Provider Handbook to review them.

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 an ID card with them
- Always contacting their primary care physician (PCP) first for nonemergency medical needs
- Notifying their PCP of emergency room treatment

We help moms Start Smart

Start Smart for Your Baby® (Start Smart) is our special program for women who are pregnant. We want to help women take care of themselves and their babies every step of the way. To take part in this program, women can contact Member Services at Ambetter of Arkansas. As soon as you confirm a patient's pregnancy, submit a notification of pregnancy (NOP).

BEHAVIORAL HEALTH: POST-DISCHARGE APPOINTMENTS

Do you have a patient who was recently hospitalized for a behavioral health condition and is having difficulty arranging a post-discharge appointment? Let us help. Outpatient follow-up within 7 days of discharge—as well as another visit within 30 days of discharge—is vital to an individual's recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

We have staff who will work with you to encourage the appropriate follow-up care. If you're an outpatient provider and you cannot meet the appointment needs of these discharging members, or if you have more availability than is being utilized, contact your Ambetter of Arkansas

Provider Relations Specialist to let them know.

Ambetter of Arkansas will continue to work diligently with our facilities, outpatient providers and members to help schedule these valuable appointments. Here are some ways we can assist:

- Scheduling support for follow-up appointments within the 7-day and 30-day time frames
- Appointment reminder calls to members
- Member transportation assistance

For assistance, contact us at **1-877-617-0390** and select the option to speak to a behavioral health representative.

Access and availability

The availability of our network practitioners is essential to member care and treatment outcomes. We evaluate the performance in meeting these standards and appreciate you working with us to accommodate our members' clinical needs.

Our specialty provider network in Arkansas is very broad. Provider lists and locations can be found on the Find a Provider Tool on our website. If you are having trouble finding a specialist for a member or need assistance securing an appointment with a specialist for a member, contact provider services at **1-877-617-0390**.

The table below depicts the appointment availability and wait-time standards for members:

APPOINTMENT TYPE	ACCESS STANDARD
PCPs – Routine visits	30 calendar days
PCPs – Adult sick visit	48 hours
PCPs – Pediatric sick visit	24 hours
Behavioral health – Routine visits	10 business days
Specialist	30 calendar days
Urgent care providers	24 hours
Behavioral health urgent care	48 hours
After-hours care	Phone access within 6 hours
Emergency providers	Immediately, 24 hours a day, 7 days a week and without prior authorization
Behavioral health non-life threatening emergency	Within 6 hours

In order to ensure appropriate care, we have adopted the geographic accessibility standards below.

- PCP within 30 miles of a member zip code
- Specialist within 60 miles of a member zip code
- 1 hospital within 60 miles of a member zip code

Thank you for complying with this assessment and providing the highest quality care for our members.

Case managers connect the dots

Case managers are advocates, coordinators, organizers and communicators. They are trained nurses and practitioners who can support you and your staff, as well as your patients.

Support and communication

Their goal is to promote quality, cost-effective outcomes by supporting patients and their caregivers. They are often assigned by the health plan to a member when the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A case manager connects the 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.

On your team

Case managers do not provide hands-on care, diagnose conditions or prescribe medication.

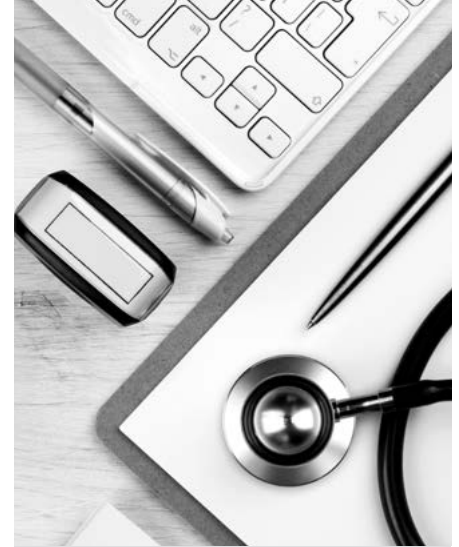
The case manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become the eyes and ears for the healthcare team, and a resource for physicians, the member and the member's family.

Our team is here to help your team with:

- Non-compliant members
- New diagnoses
- Complex multiple co-morbidities

To determine if a member is currently in case management, visit the secure provider portal and view member records under patients tab. Member records outline information on the member including case management participation.

Providers can directly refer members to our case management group. Providers may call **1-877-617-0390** for additional information about the case management services offered by Ambetter of Arkansas.



DID YOU KNOW?

With open enrollment behind us, we want to ensure you are able to verify eligibility of Ambetter members. We encourage you to use the secure Provider Portal to verify member eligibility.

We understand submitting claims can be a tedious task for you and your teams. The average claims turnaround for clean claims is approximately 7 days. If you are receiving denials you do not understand, please visit **AmbetterofArkansas.com** to review the step-by-step claims guide in the Ambetter of Arkansas Provider Manual. If you need any assistance, do not hesitate to contact us at **1-877-617-0390**, our average hold time is less than 30 seconds.

Updated policies

The following Ambetter of Arkansas policies have been added or modified. Please visit **AmbetterofArkansas.com** for additional information regarding policy updates.

CP.PHAR.18 – Multiple sclerosis treatments

CP.PHAR.26 – Colony-stimulating factors

CP.PHAR.79 – Tykerb

CP.PHAR.95 – Thyrogen®

CP.PHAR.108 – Synribo™

CP.PHAR.122 – Long-acting injectable atypical antipsychotics

CP.PHAR.149 – Intrathecal Baclofen

CP.PHAR.150 – Increlex

CP.MP.93 – Bone-anchored hearing aid

Update on CLIA certifications

Ambetter of Arkansas has recently implemented CLIA Phase II; (Clinical Laboratory Improvement Amendment) to ensure the accuracy and reliability of all laboratory testing, as defined by CMS guidelines. All providers that bill laboratory services must have CLIA certification equal to the procedure code being billed. If a provider bills for a procedure without appropriate CLIA certification, reimbursement will be denied.

This certification verification applies to all providers. This verification will ensure that we are compliant with the CMS guidelines. **Click here for more information.**

If a certification is not on the file provided by CMS, or the certification is not valid for the procedure code/dates of service submitted, the claim will be denied. There are two new denial codes that will appear on your Explanation of Payment:

EXc1 DENIED: INVALID CLIA NUMBER

EXc2 DENIED: PROCEDURE NOT ALLOWED FOR CLIA CERTIFICATION TYPE

Please feel free to reach out to your Network Provider Representative with any questions or concerns.



Asthma education: Go back to basics

A comprehensive medication plan is critical in order to successfully manage asthma. If patients are struggling to control their asthma symptoms, try discussing the basics. Ask them if they understand when and how to take their everyday maintenance medication, their quick-relief medication and any nebulizer medications.

We strive to improve our members' quality of life. Take advantage of these online resources to help educate patients and their caregivers:

1. The American Lung Association's (AHA) free interactive online course, "Asthma Basics," at www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-basics.html
2. Lungtropolis®, an interactive website and game developed by AHA especially for children, at www.lungtropolis.com

3. The CDC's asthma resources for schools and childcare providers, which feature a video series on how to use an inhaler, at www.cdc.gov/asthma/schools.html

ASTHMA HEDIS MEASURES

Medication management for people with asthma: Members ages 5 to 85

Two measures reported:
1. Members remaining on asthma controller medication for at least 50% of their treatment period.
2. Members remaining on asthma controller medication for at least 75% of their treatment period.