



Standards of care

Bronchitis: The Centers for Disease Control and Prevention (CDC) encourages careful antibiotic use in order to avoid antibiotic resistance. Adults ages 18-64 should not be dispensed an antibiotic within three (3) days of the office visit as only approximately 10% of acute bronchitis cases are due to a bacterial infection. During this time, we recommend following clinical protocol for a viral infection.

Low back pain: Clinical guidelines indicate that diagnostic imaging is usually unnecessary

for most patients with acute low back pain. Providers should educate patients on appropriate indications for imaging. When treating patients ages 18-50 who have been newly diagnosed with low back pain in an outpatient or emergency room visit, the standard of care guideline recommends not performing an X-ray, CT, or MRI within 28 days of the primary diagnosis. Clinical guidelines recommend monitoring the diagnosis, physical therapy and pain management for 28 days prior to diagnostic imaging.

Hours of operation policies

Review your hours of operation policy to ensure that you are offering Ambetter members the same hours as commercial members, as required by the National Committee for Quality Assurance (NCQA).

Our contract requires that providers give equal offerings in terms of hours and appointments to Ambetter patients consistent with those of all other patients.

Hours of operations can be updated in the Provider Portal. Ambetter of Arkansas supports extended hours of operation and we want to promote those hours. Please ensure the hours of operation listed are correct.

Please note that NCQA will review provider contracts, manuals and marketing materials for any language that suggests hours of operation are different for Ambetter and all other patients.



HEDIS FOR DIABETES

The HEDIS measure for comprehensive diabetes care includes adult patients with type I and type II diabetes. There are multiple sub-measures included:

- HbA1c testing—completed at least annually. Both CPT codes 83036 and 83037 can be submitted when this test is completed.
- HbA1c level—
 - HbA1c result > 9.0 = poor control
 - HbA1c result < 8.0 = good control
 - HbA1c result < 7.0 for selected population
- Blood pressure control—< 140/90
- Dilated retinal eye exam—annually, unless the exam the year prior was negative, then every two years.
- Nephropathy screening test—macroalbumin or microalbumin urine test at least annually (unless documented evidence of nephropathy).

What providers can do:

1. Dilated retinal eye exam:

Ambetter of Arkansas can assist your office with finding a vision provider. Our vision vendor supports our efforts by contacting members in need of retinal eye exams to assist them in scheduling an appointment.

2. Nephropathy screening test:

Did you know a spot urine dipstick for microalbumin or a random urine test for protein/creatinine ratio are two methods that meet the requirement for nephropathy screening?

Help your patients, help our **HEDIS scores**

Through HEDIS, NCQA holds Ambetter of Arkansas accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. Ambetter of Arkansas also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our rates. It's an important part of our commitment to providing access to high-quality and appropriate care to our members.

Please consider the HEDIS topics covered in this issue of the provider newsletter: diabetes, hypertension and cardiac health. Also, review Ambetter of Arkansas' clinical practice guidelines at **AmbetterofArkansas.com**.

What is your role in HEDIS?

We appreciate your cooperation and timeliness in submitting the requested medical record information.

You play a central role in promoting the health of our members. You and your office staff can help facilitate the HEDIS process improvement by:

- Providing the appropriate care within the designated timeframes

- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5-7 days

HEDIS data is collected by:

- Administrative data: Obtained from our claims database
- Hybrid data: Obtained from our claims database and medical record reviews
- Survey data: Obtained from member and provider surveys
- Medical record requests are faxed to providers.
- The request includes a member list identifying their assigned measures and the minimum necessary information needed.
- Data collection methods include fax, mail, onsite visits for larger requests, remote electronic medical record (EMR) system access, and electronic data interchange via a secure site.
- Due to the shortened data collection timeframe, a 5- to 7-day turnaround is appreciated.

ANNUAL HEDIS CALENDAR

- January–May 15: Clinical quality staff collects HEDIS data (medical record reviews).
- June: Results are reported to NCQA.
- July–October: NCQA releases Quality Compass results nationwide.

NCQA has a firm deadline of May 15 for health plans to gather HEDIS data.

New technology, new coverage

Ambetter of Arkansas evaluates the inclusion of new technology and new application of existing technology for coverage determination on an ongoing basis. We may provide coverage for new services or procedures that are deemed medically necessary. This may include medical and behavioral health procedures, pharmaceuticals or devices.

Requests for coverage will be reviewed and a determination made regarding any benefit changes that are indicated. When a request has not

been made, Ambetter of Arkansas will review all information and make a determination on whether the request can be covered under the member's current benefits, based on the most recent scientific information available.

Stay up to date with Ambetter of Arkansas provider policy updates and changes. Ambetter of Arkansas distributes policy update notifications prior to policy effective dates. Any policy changes and updates can be found on AmbetterofArkansas.com.

REVIEW OF DENIALS

Ambetter of Arkansas sends you and your patients written notification any time a decision is made to deny, reduce, suspend or stop coverage of certain services. The denial notice includes information on the availability of a medical director to discuss the decision.

PEER-TO-PEER REVIEWS

If a request for medical services is denied due to lack of medical necessity, a provider can request a peer-to-peer review with our medical director on the member's behalf. The medical director may be contacted by calling Ambetter of Arkansas at **1-877-617-0390**. A case manager may also coordinate communication between the medical director and the requesting practitioner as needed.

FILING APPEALS

The denial notice will also inform you and the member about how to file an appeal. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

Please remember to always include sufficient clinical information when submitting prior authorization requests to assist Ambetter of Arkansas in making timely medical necessity decisions based on complete information.

HEDIS for heart care

The high blood pressure control HEDIS measure applies to patients who have been diagnosed with hypertension (excluding individuals with end-stage renal disease and pregnant women). The HEDIS measure evaluates the percentage of patients with hypertension with adequate control (defined as a systolic reading of less than 140 mm Hg and a diastolic reading of less than 90 mm Hg, or 140/90). For patients ages 60-85, adequate control is defined as less than 150/90.

The HEDIS measure for persistence of a beta-blocker treatment regimen after heart attack applies to patients who were hospitalized and discharged after an acute myocardial infarction (AMI). This measure calls for treatment with beta-blockers for six months after discharge. Patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure. Despite strong evidence of the effectiveness of drugs for cardiac problems, patient compliance remains a challenge.

What providers can do:

- Continue to suggest and support lifestyle changes such as quitting smoking, losing excess weight, beginning an exercise program and improving nutrition.
- Stress the value of prescribed medications for managing heart disease. Ambetter of Arkansas can provide educational materials and other resources addressing the above topics.
- Please encourage your Ambetter of Arkansas patients to contact Ambetter of Arkansas for assistance in managing their medical condition. Ambetter of Arkansas case management staff members are available to assist with patients who have challenges adhering to prescribed medications or have difficulty filling their prescriptions. If you have a member you feel could benefit from our case management program, please contact Ambetter of Arkansas member services at **1-877-617-0390** and ask for medical case management.





WE ARE HERE TO HELP

Contact us at **1-877-617-0390** to speak with our provider services team. Explore our site for tools and tips about utilization management, quality improvement, prior authorization and more.

To learn more about our provider services, please check our provider manual, available at **AmbetterofArkansas.com**.

If you or one of our members would like a paper copy of anything found on our site, please call **1-877-617-0390**. If you need assistance with prior authorizations, please contact us at **1-844-267-0281**.

Member satisfaction **survey results**

2015 Qualified Health Plan Enrollee Experience Surveys

ask consumers and patients to report on and evaluate their experiences with healthcare. Survey results are submitted to the National Committee for Quality Assurance (NCQA) to meet accreditation requirements. These surveys are completed annually and reflect how our members feel about the care they receive from our providers as well as the service they receive from the health plan. Ambetter of Arkansas will use these results to help plan future improvements.

We also want to share the results with you, since you and your staff are a key component of our members' satisfaction.

Areas where we scored well include:

- Getting care quickly: 87.1%
- Getting needed care: 87.9%
- Plan administration: 84%

Based on the feedback we received, some of the areas we have been working to improve include:

- Flu vaccinations for adults ages 18-64: 35.9%
- Medical assistance with smoking and tobacco use cessation: 44.3%

Ambetter of Arkansas takes our members' concerns seriously and will work with you to improve their satisfaction in the future.



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