



Support HEDIS for member health

Ambetter from Arkansas Health & Wellness strives to provide quality healthcare to our members as measured through HEDIS quality metrics.

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) that allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS measures through a committee of purchasers, consumers, health plans, healthcare providers and policymakers.

HEDIS provides a standardized method for managed care organizations to collect, calculate and report information about their performance. This allows employers, purchasers and consumers to compare plans. Health plans themselves use HEDIS results to see where to focus their improvement efforts.

More than 90 percent of America's health plans use HEDIS to measure performance on important dimensions of care and services.

Please take note of the HEDIS measures highlighted on the following pages regarding colds, flu and women's healthcare screenings. To review how Ambetter from Arkansas Health & Wellness performed on a variety of HEDIS measures, see the chart on page 2.

You can improve HEDIS scores

To help your practice increase its HEDIS performance scores, we discuss key HEDIS measures in each issue of our newsletter. We also offer guidance on how to bill appropriately. Please follow our Provider and Billing Manual and Centers for Medicare & Medicaid Services billing guidance.

Here are some ways to help your scores:

- Submit claim or encounter data for every service rendered. Using claim or encounter data is the most efficient way to report HEDIS.
- Submit accurate and timely claim or encounter data, which will reduce the number of medical record reviews required.
- 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. These codes provide details such as body mass index screenings, blood pressure readings and lab results.

Measuring our performance

Ambetter from Arkansas Health & Wellness tracks its performance on a variety of HEDIS measures. Here's how we did compared with other health plans.

Measure	Percentile
Adult BMI (ABA)	95th
Cervical Cancer Screening (ccs)	<5th
Colorectal Cancer Screening (col)	<5th
Chlamydia Screening in Women (chl)-Total	75th
Medication Management for People with Asthma (mma)-Med Compliance 75%-Total	10th
Controlling High Blood Pressure (cbp)	10th
Hemoglobin A1c (HbA1c) Testing	5th
HbA1c Control (<8.0%)	10th
Eye Exam (Retinal) Performed	10th
Medical Attention for Nephropathy	33.33th
Antidepressant Medication Management (amm)-Effective Acute Phase tx	<5th
Antidepressant Medication Management (amm)-Effective Continuation Phase tx	<5th
Follow-Up After Hospitalization for Mental Illness (fuh)-7 Days	<5th
Annual Monitoring for Patients on Persistent Medications (mpm)-ACE/ARB	90th
Annual Monitoring for Patients on Persistent Medications (mpm)-Digoxin	95th
Annual Monitoring for Patients on Persistent Medications (mpm)-Diuretics	95th
Annual Monitoring for Patients on Persistent Medications (mpm)-Total	95th
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)	10th
Use of Imaging Studies for Low Back Pain (lbp)	<5th
Prenatal and Postpartum Care (ppc)-Timeliness of Prenatal Care	50th
Prenatal and Postpartum Care (ppc)-Postpartum Care	25th



Quality improvement initiatives

Our members benefit from preventive healthcare visits that address physical, emotional and social aspects of health. Arkansas Health & Wellness implements initiatives for our members and measures well visits using the NCQA Healthcare Effectiveness Data and Information Set (HEDIS) measures.

Measure	2014	2015	2016
Adult BMI (ABA)			84.58
Cervical Cancer Screening (ccs)	26.98	43.79	46.14
Colorectal Cancer Screening (col)	NR	25.96	40.07
Chlamydia Screening in Women (chl)-Total	46.41	51.91	54.07

Arkansas Health & Wellness has exceeded goals for the following HEDIS measures: (AH&W - Arkansas Health & Wellness)

HEDIS results

Adult BMI Assessment



Annual Monitoring for Patients on Persistent Medication



Chlamydia Screening in Women



We'd like your feedback

Our annual provider satisfaction survey helps Arkansas Health & Wellness identify concerns and guide efforts toward improvement. The results of our latest survey will shape our priorities for the year ahead. Please return the survey if you received one; your responses will help us to adequately measure provider satisfaction with our health plan and best meet the needs of our providers.



Updates to **psychotherapy billing procedures** and **documentation of behavioral health services**

Providers that render psychotherapy to Ambetter from Arkansas Health & Wellness members should ensure that current CMS guidelines (www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1407.pdf) are followed for all therapy visits. The following items should specifically be followed:

- Solely billing CPT code 90837 is typically not in line with proper billing procedures. Please ensure all timed codes reflect the exact start and stop times of the face-to-face services rendered to the member.
- If billing psychotherapy codes with an E&M service—90833 (30 minutes), 90836 (45 minutes) or 90838 (60 minutes)—please ensure the E&M visit time IS NOT included in the time billed for the therapy visit.

Proper documentation for services rendered is necessary to ensure claims payment. Documentation for behavioral health services needs to include the following information:

- Member name on each document in the clinical record.
- All entries in the clinical record are dated and include the responsible clinician's name, professional degree and relevant identification number, if applicable.
- The record is legible to someone other than the writer.
- Exact start and stop times of the face-to-face service with member present. This cannot include time for collaboration, documentation, case management, etc., and the appointment time will not suffice.

- The duration of the exact face-to-face time spent with member must match the CPT service definition.
- Progress notes describe patient strengths and limitations in achieving treatment plan goals and objectives, and reflect treatment interventions that are consistent with those goals and objectives. Progress notes must also include clinical interventions (not treatment modality), member response to the interventions provided and a plan for ongoing care.
- Treatment plan updates need to include the member's progress toward the goals and objectives, barriers to meeting the goals and objectives, and any changes or additions to the goals, objectives and interventions. Goals and objectives need to be SMART.
- Each service must be signed and dated by the rendering provider. The signature must include the rendering provider's credentials, and the date must be the date the note was written and signed.
- Documentation must be completed and entered into the chart in a timely manner. Please refer to your state guidelines to determine what time frame your state allows. According to CMS (www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf), "Providers should not add late signatures to the medical record, (beyond the short delay that occurs during the transcription process)..."
- Clinical documentation to support the necessity of the service rendered.

Disclosure of Ownership forms

Thank you for participating in the NovaSys Health Network maintained by Arkansas Health & Wellness. You might have received a request from us to complete a Disclosure of Ownership form. These forms were mailed to providers in Benton, Crawford, Garland, Pulaski, Saline, Sebastian and Washington counties.

Please contact us at **1-877-617-0390** if you did not receive the mailing and believe you should have. Please complete the Disclosure of Ownership form and return it to us to avoid any unnecessary disruptions in your network status. The completed form can be returned to us by email at arkcredentialing@centene.com or fax at **1-844-357-7890**.

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

Here are some frequently asked questions:

We have never had to complete these for other carriers. Why are you requiring this? This is a newer requirement placed on carriers by CMS. We have to collect these forms for all Medicaid and Medicare providers/practitioners by 7/1/18. Second notices will go out after this date to those not received by 11/30/17. The following site provides additional details. Sections marked [5] and [6] explain the requirement for providers to disclose to CMS and carriers: www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/ebulletins-providerenrollment-disclosureownership.pdf

I have already disclosed to CMS when applying for Medicaid or Medicare. Why do I have to complete this form for you? CMS requires the information be submitted to its organization and carriers. You can review the form submitted to CMS and, if the information is still accurate, send us a copy with an updated signature and date instead of completing our form.

What happens if I choose not to complete this form? You risk losing your in-network status for Allwell, our Medicare Advantage product. This federal requirement does not allow us to affiliate with providers who are out of compliance. At this time it will only impact our Medicare product, however we anticipate this requirement will be placed on other federal plans soon and could then impact all network access.



Helping members **weather cold and flu season**

Ambetter from Arkansas Health & Wellness reminds our members that illnesses such as sore throats, upper respiratory infections and bronchitis can strike all year, but the flu typically flares between October and May. There are a few things Ambetter from Arkansas Health & Wellness would appreciate providers doing to help our members cope when they're feeling ill:

- 1. Recommend rest, fluids and over-the-counter treatments**, such as nonsteroidal anti-inflammatories, that may relieve symptoms. Remind members that antibiotics will not help many of these illnesses, which are typically caused by viruses.
- 2. Inform members that the best way to prevent the flu is to get a flu shot.** The Centers for Disease Control and Prevention (CDC) recommends a flu shot for everyone ages 6 months and older.
- 3. Remind members of other methods for staying healthy and preventing the spread of illness**, including frequently washing their hands with warm water and soap, staying away from people who are sick, staying home when they are sick and covering their noses and mouths when they sneeze or cough.

Note these HEDIS measures related to cold and flu season:

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Guidelines recommend against using antibiotics to treat otherwise healthy adults with acute bronchitis. According to the CDC, up to half of all antibiotic use is unnecessary. When prescribed inappropriately, antibiotic use can lead to antibiotic resistance.

The HEDIS measure assesses adults ages 18-64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate represents better performance.

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/acute-bronchitis>

Flu Vaccinations

According to the CDC, vaccinations could reduce flu-related hospitalizations by more than 70 percent.

Flu Vaccinations for Adults Ages 18-64: The HEDIS measure assesses the percentage of adults ages 18-64 who report receiving an influenza vaccination between July 1 of the measurement year and the date when the member survey was completed.

Flu Vaccinations for Adults Ages 65 and Older: The HEDIS measure assesses the percentage of adults ages 65 and older who report receiving an influenza vaccination between July 1 of the measurement year and the date when the member survey was completed.

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/flu-vaccinations>

Appropriate Testing for Children with Pharyngitis

Pharyngitis (sore throat) can be caused by viruses or bacteria. Proper testing and treatment ensures that only cases of bacterial pharyngitis are treated with antibiotics.

This HEDIS measure assesses children ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/pharyngitis>

Appropriate Treatment for Children with Upper Respiratory Infection

As with bronchitis, most upper respiratory infections will resolve without the use of antibiotics.

This HEDIS measure assesses children ages 3 months-18 years who were diagnosed with an upper respiratory infection and were not dispensed an antibiotic prescription. A higher rate represents better performance (i.e., appropriate treatment).

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/uri>



Spotlight on breast and cervical cancers

Ambetter from Arkansas Health & Wellness educates our members about how the increased use of the Pap test and mammograms, which can find cancers in their earlier and more treatable stages, has helped lead to a sharp drop in the number of women who die from breast and cervical cancers. As a reminder:

The American Cancer Society recommends that women at average risk follow these screening guidelines to detect breast cancer:

- **Ages 40-44:** Optional annual mammograms
- **Ages 45-54:** Annual mammograms
- **Ages 55 and older:** Mammogram every other year, or optional annual mammograms

The society recommends that women follow these screening guidelines to detect cervical cancers and pre-cancers:

- **Ages 21-29:** Pap test every three years
- **Ages 30-65:** Pap test and human papillomavirus (HPV) test every five years, or just a Pap test every three years
- **Over age 65:** Women who have had regular screenings for the previous 10 years and have not had pre-cancers for the previous 20 years can stop being screened for cervical cancer. Women with a history of serious pre-cancers should be screened for at least 20 years after the abnormality was found.

Testing for chlamydia

After a period of improvement, sexually transmitted disease (STD) rates are rising again in the United States. More than 1.5 million cases of chlamydia were reported to the Centers for Disease Control and Prevention in 2015, the highest number of annual cases of any notifiable condition reported to the agency. According to the CDC report “Sexually Transmitted Disease Surveillance 2015,” chlamydia cases rose 5.9 percent between 2014 and 2015.

Chlamydia is treatable with antibiotics, but many cases go undetected because the infection is often asymptomatic. Left untreated, chlamydia can lead to pelvic inflammatory disease, which can damage a woman’s reproductive system. It can also put women at higher risk of HIV infection. Some studies have shown

that women with a current or past chlamydia infection may be at higher risk of cervical cancer.

Providers can help prevent and diagnose chlamydia infections by making STD screening a standard part of medical care. STD prevention and treatment should be integrated into prenatal care and routine visits. Providers can also make sure young people, who are at higher risk of infection, have the information and services they need to stay healthy.

People ages 15-24 accounted for 65 percent of reported chlamydia cases in 2015. It is recommended that women in that age group who are sexually active be tested annually for chlamydia.

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 Dec. 13, 2017.

- **CP.MP.38** Ultrasound in Pregnancy
- **CP.MP.49** PT OT ST
- **CP.MP.113** Holter Monitors
- **CP.MP.115** Discography
- **CP.MP.148** Radial Head Implant
- **CP.MP.149** Testing for Rupture of Fetal Membranes
- **CP.PHAR.05** Hyaluronate derivatives
- **CP.PHAR.16** Palivizumab (Synagis)
- **CP.PHAR.57** Global Biopharm Policy
- **CP.PHAR.58** Denosumab (Prolia Xgeva)
- **CP.PHAR.73** Sunitinib (Sutent)
- **CP.PHAR.77** Temozolomide (Temodar)
- **CP.PHAR.90** Crizotinib (Xalkori)
- **CP.PHAR.176** Paclitaxel protein-bound (Abraxane) 8.30.17
- **CP.PHAR.179** Romiplostim (Nplate)
- **CP.PHAR.180** Eltrombopag (Promacta)
- **CP.PHAR.241** Abatacept (Orencia)
- **CP.PHAR.242** Adalimumab (Humira)
- **CP.PHAR.243** Alemtuzumab (Lemtrada)
- **CP.PHAR.244** Anakinra (Kineret)
- **CP.PHAR.245** Apremilast (Otezla)
- **CP.PHAR.247** Certolizumab (Cimzia)
- **CP.PHAR.248** Dalfampridine (Ampyra)
- **CP.PHAR.249** Dimethyl fumarate (Tecfidera)
- **CP.PHAR.250** Etanercept (Enbrel)
- **CP.PHAR.251** Fingolimod (Gilenya)
- **CP.PHAR.252** Glatiramer (Copaxone Glatopa)
- **CP.PHAR.255** Interferon beta-1a (Avonex Rebif)
- **CP.PHAR.256** Interferon beta-1b (Betaseron Extavia)
- **CP.PHAR.257** Ixekizumab (Taltz)
- **CP.PHAR.258** Mitoxantrone
- **CP.PHAR.260** Rituximab (Rituxan) 20170823
- **CP.PHAR.261** Secukinumab (Cosentyx)
- **CP.PHAR.262** Teriflunomide (Aubagio)

- **CP.PHAR.264** Ustekinumab (Stelara)
- **CP.PHAR.268** Sofosbuvir Velpatasvir (Epclusa)
- **CP.PHAR.269** Daclizumab (Zinbryta)
- **CP.PHAR.270** Paricalcitol (Zemlar)
- **CP.PHAR.271** Peginterferon beta-1a (Plegridy)
- **CP.PHAR.272** Sonidegib (Odomzo)
- **CP.PHAR.273** Vismodegib (Erivedge)
- **CP.PHAR.274** Daclatasvir (Daklinza)
- **CP.PHAR.275** Elbasvir Grazoprevir (Zepatier)
- **CP.PHAR.276** Ombitasvir Paritaprevir Ritonavir
- **CP.PHAR.278** Dasabuvir Ombitasvir Paritaprevir Ritonavir
- **CP.PHAR.279** Ledipasvir Sofosbuvir (Harvoni)
- **CP.PHAR.280** Simeprevir (Olysio)
- **CP.PHAR.281** Sofosbuvir (Sovaldi)
- **CP.PHAR.335** Ocrelizumab (Ocrevus)
- **CP.PHAR.347** Sofosbuvir Velpatasvir Voxilaprevir
- **CP.PHAR.348** Glecaprevir Pibrentasvir (Mavyret)

The effective date for the policies listed below is Jan. 1, 2018.

- **CP.MP.14** Cochlear Implant Replacements
- **CP.MP.50** Outpatient Testing for DOA

- **CP.MP.118** Injections for Pain Management
- **CP.MP.128** Optic Nerve Decompression Surgery
- **CP.PHAR.89** Peginterferon Alfa-2b (Pegintron, Sylatron)
- **CP.PHAR.103** Immune Globulins
- **CP.PHAR.107** Regorafenib (Stivarga)
- **CP.PHAR.268** Sofosbuvir Velpatasvir (Epclusa)
- **CP.PHAR.274** Daclatasvir (Daklinza)
- **CP.PHAR.275** Elbasvir Grazoprevir (Zepatier)
- **CP.PHAR.276** Ombitasvir Paritaprevir Ritonavir
- **CP.PHAR.278** Dasabuvir Ombitasvir Paritaprevir Ritonavir
- **CP.PHAR.279** Ledipasvir Sofosbuvir (Harvoni)
- **CP.PHAR.280** Simeprevir (Olysio)
- **CP.PHAR.281** Sofosbuvir (Sovaldi)
- **CP.PHAR.347** Sofosbuvir Velpatasvir Voxilaprevir
- **CP.PHAR.348** Glecaprevir Pibrentasvir (Mavyret)
- **CP.PHAR.349** Ceritinib (Zykadia)
- **CP.PHAR.350** Rucaparib (Rubraca)
- **HIM.PA.139** Opioid Analgesics

To view policies in detail, visit: <https://ambetter.arhealthwellness.com/provider-resources/clinical-payment-policies.html>.

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.

Please proceed to <https://ambetter.arhealthwellness.com/provider-resources/provider-webinars.html> and register. Instructions on accessing the webinars will follow. Reminders will be sent via email once registered.



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