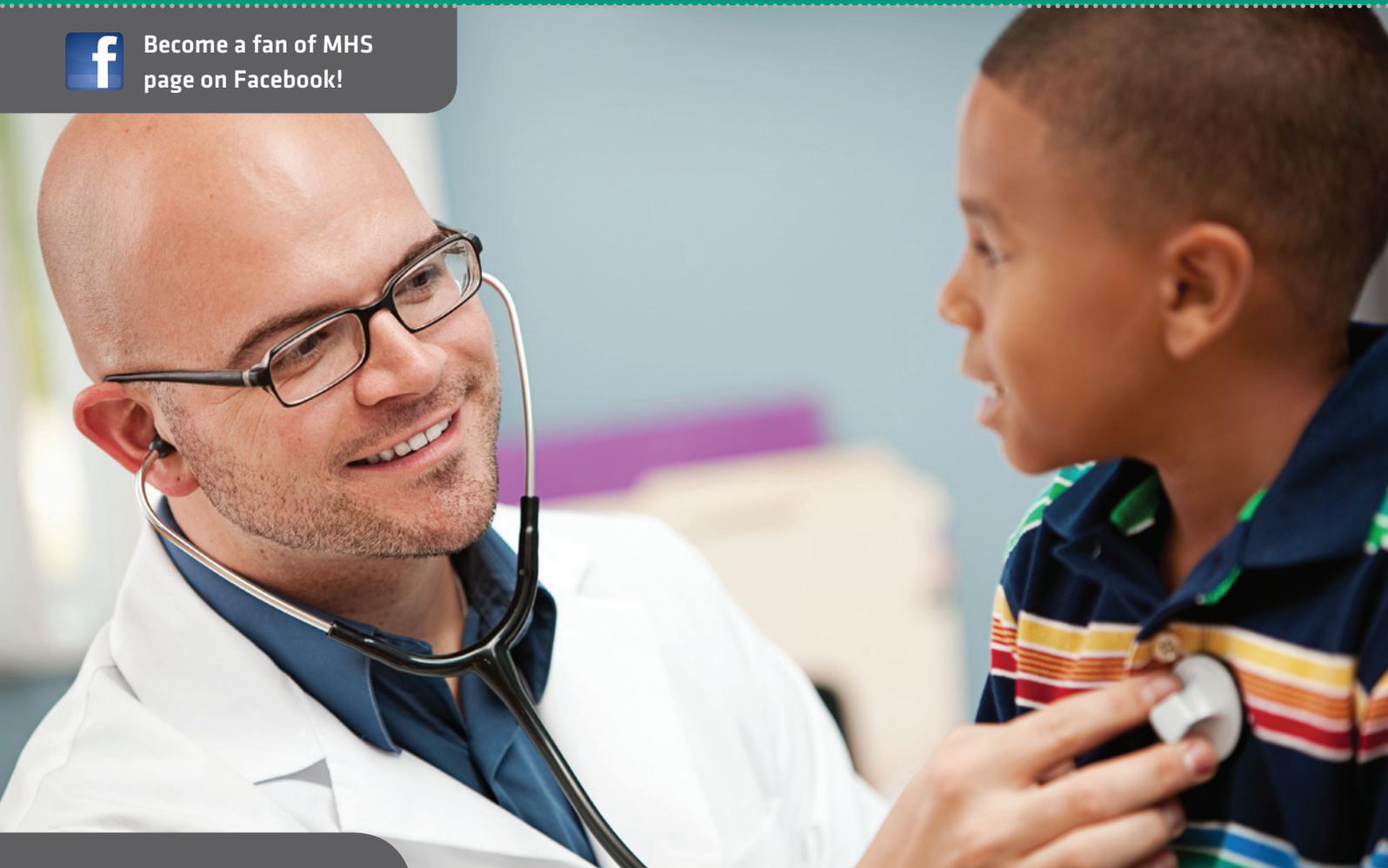




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We Are Here to Help

Contact us at **1-800-222-9831** to speak with our provider services team. Explore our site for tools and tips about utilization management, quality improvement, prior authorization and ICD-10.

To learn more about our provider services and processes, please check our provider manual, available at www.mhswi.com.

If you or one of our members would like a paper copy of anything found on our site, please call **1-800-222-9831**.

You Can Impact HEDIS Scores

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

HEDIS is a tool used by most of America's health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of healthcare plans. Final HEDIS rankings are typically reported to NCQA and state agencies once a year.

Through HEDIS, NCQA holds MHS Health Wisconsin accountable for the timeliness and quality of healthcare services (including

acute, preventive, mental health, and others) delivered to its diverse membership. MHS Health Wisconsin also reviews HEDIS data on an ongoing basis for ways to improve rankings. 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 cholesterol monitoring. Also, review MHS Health Wisconsin's clinical practice guidelines at www.mhswi.com.

Peer-to-Peer Review

MHS Health Wisconsin will send you and your patient written notification any time we make a decision 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 denial decision.

In the event that 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 MHS Health Wisconsin at **1-800-222-9831**.

A case manager may also coordinate communication between the medical director and the requesting practitioner, as needed.

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. This will help us make timely decisions about medical necessity.

Diabetes: The Good News and the Bad News

Here's the good news: Diabetes rates may be reaching a plateau, according to researchers from the U.S. Centers for Disease Control and Prevention. In a study in the *Journal of the American Medical Association*, researchers note that while both type 1 and type 2 diabetes rose from 1990 to 2008, those rates leveled off between 2008 and 2012.

But here's the bad news: Among Hispanics and blacks, incidence of diabetes continues to increase. Continued focus on diabetes screening and prevention as well as ongoing patient education remain critical—particularly among these higher-risk populations.

Noting the documented link between obesity and diabetes, researchers point out that obesity rates also have leveled off. But even with the plateau, the rates remain a cause for concern, especially given the

serious risks associated with diabetes, such as amputation, blindness, end-stage renal disease and more.

So, while we may be headed in the right direction, it's important to continue to talk to patients about lifestyle factors that affect their diabetes risk, such as diet and exercise.

In addition, be sure to follow the HEDIS measure for comprehensive diabetes care, which includes adult patients with type 1 and type 2 diabetes:

- ▶ **HbA1c testing**—completed at least annually
 - HbA1c result > 9.0 = poor control
 - HbA1c result < 8.0 = good control
 - HbA1c result < 7.0 for selected population
- ▶ **Dilated retinal eye exam**—annually, unless prior negative exam; then every 2 years
- ▶ **Nephropathy screening test**—at least annually (unless documented evidence of nephropathy)

HOW ARE WE DOING?

HEDIS MEASURE	HEDIS RATE	GOAL: NCQA %50TH
HbA1c Testing	75.9%	82%
Diabetic Eye Exam	51.35%	54%
Monitoring for Nephropathy	73.02%	79%

*Above results are based on a rolling 12 months through 9/30/2014

We Asked, They Answered

MHS Health Wisconsin recently asked members what they thought of our care and services. How patients rate their healthcare is an important measure of quality. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 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. MHS Health Wisconsin will be using the results to improve our services.

We also want to share the results with you, since you and your staff are a key component of our members' satisfaction. Here are some key findings from the child and adult surveys as well as our benchmarks.

Areas where we scored well on the child survey include:

- ▶ Shared Decision Making: 59.6% (benchmark 53.6%)
- ▶ Health Promotion and Education: 73.2% (benchmark 72.3%)

Areas where we scored well on the adult survey include:

- ▶ How Well Doctors Communicate: 92.9% (benchmark 89.1%)
- ▶ Shared Decision Making: 55.6% (benchmark 51.3%)

Based on the feedback we received, we have identified the following areas for improvement:

- ▶ Getting Needed Care
- ▶ Getting Care Quickly
- ▶ Rating of Specialists

We take our members' concerns seriously and will work with you to improve their satisfaction.

Document Tobacco Use Counseling

Tobacco cessation counseling is a state pay-for-performance measure and we need your help.

Smoking and tobacco use counseling is an important part of a clinical visit and it should be documented and billed correctly using diagnosis code 305.1 (Tobacco Use Disorder) and a valid CPT code:

- ▶ **99406 smoking and tobacco cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes**
- ▶ **99407 smoking and tobacco cessation counseling visit; intensive, greater than 10 minutes**



Four Facts About Credentialing and Recredentialing

1. Practitioners are sent a recredentialing application at least 180 days in advance of their last credentialing date. To be recredentialled, all practitioners must meet specific criteria. In addition, a medical record review by Quality Improvement staff may be required. You can review further details about credentialing requirements in our provider manual on www.mhswi.com.
2. During the credentialing and recredentialing process, MHS obtains information from various outside sources, such as state licensing agencies and the National Practitioner Data Bank. Practitioners have the right to review materials collected during this process. The information may be released to practitioners only after a written and signed request has been submitted to the Credentialing Department.
3. If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, MHS will notify the practitioner and request clarification. A written explanation detailing the error or the difference in information must be submitted to MHS within 30 days of notification of the discrepancy in order to be included as part of the credentialing and recredentialing process.
4. Providers also have the right to request the status of their credentialing or recredentialing application any time by contacting the Credentialing Department at **1-800-222-9831**.

Learn more about the credentialing process in the provider section of www.mhswi.com.



Patient Prep for Cholesterol Monitoring

If you are monitoring cholesterol levels in your patients, it's wise to thoroughly prepare patients for the test to help ensure accurate and meaningful results.

Consider providing the following information to help patients prepare:

- ▶ **Fasting instructions.** Some studies question whether fasting really makes a difference in the results of a cholesterol test. But fasting remains generally preferred. Besides, some labs may ask a non-fasting patient to reschedule his or her test. Recommend that patients schedule their test for first thing in the morning and to avoid food and liquids (other than water) for nine to 12 hours before the test.
- ▶ **Request a list of medications.** Because medications can affect a patient's cholesterol levels, be sure you have a

complete list of medications (prescription and over the counter) and supplements the patient is taking. Be sure to ask about blood pressure medications, diuretics, beta blockers, steroids and birth control pills. In some cases, you may even consider asking the patient to stop taking these medications a few days before the test.

- ▶ **Notes for pregnant and nursing women.** Pregnancy can affect cholesterol levels, and breastfeeding women may experience elevated HDL ratios. You may elect to postpone a test based on whether a woman is pregnant or nursing.
- ▶ **Advice for before the test.** For the most accurate results, advise patients to avoid high-fat foods and alcohol the night before the test and to forgo strenuous exercise right before the test.

Chlamydia Screening

Chlamydia is the most common and among the most damaging bacterial sexually transmitted diseases in the U.S. Prevalence is highest in people 25 years or younger, among unmarried and lower-socioeconomic-status women. If

your patient is between 16 and 25 years old and sexually active, the CDC recommends an annual chlamydia test. A patient's annual exam is a good time to discuss the screening. Urine or cervical swabs are acceptable for testing.

NEW TECHNOLOGY: WHAT'S COVERED?

MHS evaluates new technology and new applications 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,

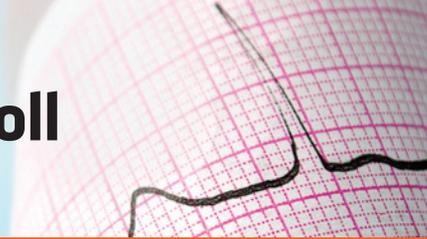
pharmaceuticals or medical devices.

Requests for coverage will be reviewed and a determination made regarding any benefit changes that are indicated. When a request is made for new technology coverage on an individual case and a plan-wide coverage decision has not been made, MHS 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.

For more information, please call Provider Services at **1-800-222-9831**.

The Emotional Toll of Heart Disease



You know how to talk with your patients about beta-blockers after a heart attack. The HEDIS measure, which applies to patients who were hospitalized and discharged after an AMI, calls for treatment with beta-blockers for six months after discharge. (However, patients with a known contraindication or a history of adverse reactions to beta-blocker therapy are excluded from the measure.)

But do you also know to ask about depression? According to a 2011 article in the journal *Circulation*, depression is three times more common in heart attack patients than in the general population. This is especially worrisome because depression can increase a person's risk of having a subsequent cardiac event and even increase their risk of dying. In fact, one study found that depression increased the risk of death to 17 percent within six months of a heart attack versus 3 percent in those who didn't have depression.

So, be sure to monitor a heart attack

patient's mood as part of your regular check-ins, and be proactive by asking about signs and symptoms of depression. That can include questions like:

- ▶ How are you feeling?
- ▶ Would you describe yourself as happy most days?
- ▶ How are you sleeping?
- ▶ How is your energy level?
- ▶ What activities are you enjoying?

In addition, be sure to offer information on depression to patients and their families so they know the signs to watch for. You can also recommend community resources such as support groups for heart attack survivors so that patients have a support network from the beginning of their recovery.

If you are concerned about a patient's risk for depression, be sure to refer them to a mental health professional for evaluation and treatment. MHS can also help guide members to the right resources. Call **1-800-222-9831**.

HOW ARE WE DOING?		
HEDIS MEASURE: ANTIDEPRESSANT MEDICATION MANAGEMENT	HEDIS RATE	GOAL: NCQA
Acute Phase	53.89%	54%
Continuation Phase	37.07%	38%

**Results based on CY2014 through 9/30/14*

Planning Advance Directives With Your Patients

Advance directives can be a sensitive topic to bring up with your patients, but it's important that they understand their right to execute these important documents. MHS wants to make sure our members are getting the guidance and information they need, regardless of their current health status.

We encourage you to explain this process to your patients and show them how to file the right forms. Patients should give one copy of the executed advance directive to the person(s) designated to be involved in their care decisions and send one copy to your office so that it can be filed with their medical records. Providers are required to document provision of information and note whether or not patients have an advance directive in their permanent medical records.

During our medical record compliance audits, MHS may monitor compliance with this recommendation. Please contact us at **1-800-222-9831** if you would like information about advance directives.

Consistency Is Key for Hypertension

For patients who are taking medications to control blood pressure, it's essential they take those medications consistently for the best results.

The HEDIS measure for high blood pressure control includes patients who have been diagnosed with hypertension (excluding those with end-stage renal disease and pregnant women).

It measures the percentage of hypertensive patients with adequate control, which, as of 2015, is defined as a reading of less than 140/90 mm Hg for patients ages 18 to 59 and for diabetic patients ages 60 to 85. For patients ages 60 to 85 without diabetes, adequate control is defined as 150/90 mm Hg.

Even if they are "feeling better," it's good to remind patients to keep taking their medication. Here are a few ways to help people comply with their medication regimen:

- ▶ **Suggest they take medications around mealtimes.** Taking medications at a mealtime every day is a good way to jog the memory. You might suggest, for example, that a beta-blocker be taken right after dinner every night.
- ▶ **Recommend a pillbox.** Some practitioners give away pillboxes or recommend their patients pick one up at a drug store.
- ▶ **Discuss a reminder app.** If your patient is tech savvy, a smartphone app or other digital alarm can remind him or her that it's time to take his medication.
- ▶ **Stay in contact.** Checking on your patient—whether in person, electronically or by phone—can help motivate patients to stay on track and lets you know if you need to modify their medications. A short call by one of your staff asking how the medication regimen is going may be all it takes to help patients stay on track.

HOW ARE WE DOING?

HEDIS MEASURE	HEDIS RATE	GOAL: NCQA 50TH
Controlling High Blood Pressure	54.04%	56%

Above results are based on CY2013



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