



HEDIS measures performance

MHS Health Wisconsin strives to provide quality healthcare to our members. We help measure and improve our performance using HEDIS quality metrics.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA). NCQA uses a committee of purchasers, consumers, healthcare plans, healthcare providers and policymakers to develop the HEDIS measures. The measures allow employers, purchasers and consumers to compare plans by providing a standardized method for managed care organizations to collect, calculate and report information about their performance.

MHS Health, like most health plans, uses HEDIS to measure our performance on important aspects of care and service. Through HEDIS, NCQA holds MHS Health 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.

Please familiarize yourself with the HEDIS topics covered in this issue of the provider newsletter: screening for alcohol use and asthma.

You can help improve our HEDIS scores

Your practice can better our HEDIS performance scores. One way to do this is by reviewing the specific HEDIS measures we discuss in each issue of our newsletter to help providers meet quality improvement goals, such as greater use of preventive health screenings. We also offer guidance on how to bill appropriately to meet the applicable HEDIS measure specifications. Please follow state and/or Centers for Medicare & Medicaid Services billing guidance and ensure the HEDIS codes are covered before submitting.

Documentation is an important part of improving HEDIS scores. Here are a few tips:

- Submit accurate and timely claim or encounter data for every service rendered.
- 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.
- Respond promptly to requests for records.



Guidelines for care

MHS Health 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.

When possible, we adopt preventive and clinical practice guidelines formulated by nationally recognized organizations, government institutions, statewide initiatives and/or a consensus of healthcare professionals in the applicable field.

The guidelines are made available as resources for preventive services, as well as for the management of chronic diseases, to develop treatment plans for members and to help members make healthcare decisions. MHS Health providers' adherence to the guidelines is evaluated at least annually, through HEDIS and other performance measurement.

For the most up-to-date version of preventive and clinical practice guidelines, go to MHSWI.com.



Guidelines for alcohol use disorder

Unhealthy alcohol use, ranging from excessive drinking to alcohol dependence, is a common issue, responsible for 1 in 10 deaths among adults ages 20 to 64, says the Centers for Disease Control and Prevention.

Yet according to the American Psychiatric Association (APA), fewer than 10 percent of individuals in the U.S. with a 12-month diagnosis of alcohol use disorder receive any treatment. In January 2018, the APA released a new guideline, "**Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder**," designed to increase knowledge of the disorder and ensure the appropriate use of medications for treatment. It includes information on assessment and treatment planning.

For patients with moderate to severe alcohol use disorder without contraindications to the medications, the guideline says:

- Use of naltrexone and acamprosate is recommended for patients when nonpharmacological approaches have not been effective or when patients prefer the use of medication.
- Use of disulfiram is suggested for patients who have not responded to or are intolerant of naltrexone and acamprosate, who prefer disulfiram and understand the risks of alcohol consumption while taking the drug, and who have a goal of abstinence.
- Topiramate and gabapentin are suggested for patients who have not responded to or are intolerant of naltrexone and acamprosate, who prefer topiramate, and who have a goal of reducing alcohol consumption or achieving abstinence.

HEDIS: Screening for alcohol use

The HEDIS measure "**Unhealthy Alcohol Use Screening and Follow-Up (ASF)**" is among six new free digital measure packages NCQA is launching in 2019. The measure, added to HEDIS in 2017, is designed to improve the quality of measurement of how many members 18 years of age and older are screened for unhealthy alcohol use and, if found to be using alcohol in an unhealthy way, receive appropriate follow-up care.

NCQA is providing the six free digital measure packages as part of a launch of its Electronic Clinical Data Systems (ECDS) reporting. In addition to alcohol screening, these include measures for depression, and adult and prenatal immunization. The measures are not yet eligible for public reporting, use in accreditation or health plan ratings.

You can read more about digital quality measures [here](#).



Managing complex care

Members with high-risk, complex or catastrophic conditions, including asthma, diabetes, sickle cell disease, HIV/AIDS, and congestive heart failure often have difficulty facilitating care on their own. An MHS Health care manager may be able to help.

Care managers are advocates, coordinators, organizers and communicators. They are trained nurses and practitioners who promote quality, cost-effective outcomes by supporting you and your staff, as well as your patients and their caregivers.

A care manager connects the MHS Health 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 help members understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician.

Our team is here to help your team with:

- Noncompliant members
- New diagnoses
- Complex multiple comorbidities

Providers can directly refer members to our care management program. Providers may call **1-800-222-9831** for additional information about the care management services offered by MHS Health.

Spring asthma risks

For members with seasonal allergies, the arrival of spring may also mean the start of itchy eyes, sneezing, congestion and other irritations. But members with both allergies and asthma may have more serious issues.

According to a **study** in the October 2017 issue of *The Journal of Allergy and Clinical Immunology*, 15 to 38 percent of patients with allergic rhinitis also have asthma. In addition, allergic rhinitis is a risk factor for asthma, and uncontrolled allergy symptoms can affect asthma control.

Appropriately managing members' asthma can reduce the need for rescue medication as well as reduce the number of visits members make to the emergency room.

Two **HEDIS measures** assess treatment of members with asthma:

- Medication management for people with asthma: Assesses the number of members ages 5-85 with persistent asthma who were dispensed asthma-controlled medications and who remained on the medications for at least 75 percent of their treatment period.
- Asthma medication ratio: Assesses number of members ages 5-85 with persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

We value your feedback

The MHS Health 2018 Provider Satisfaction Survey was administered to providers last year. Survey questions covered a range of topics, including provider relations, coordination of care, utilization, finance and overall satisfaction. Here are some of the results.

Our providers gave us high ratings in the following areas:

- Procedures for obtaining pre-certification, referral or authorization information
- The quality of specialists in this health plan's provider network
- Overall satisfaction with health plan's call center service

The survey also revealed areas for opportunity in 2019:

- Consistency of reimbursement fees with your contract rates
- Resolution of claims payment problems or disputes
- Quality of orientations and/or ongoing training and support from Provider Relations

If you participated in the provider survey, thank you! Addressing continuity of care and sharing information among providers are important parts of providing quality care for our members. Your feedback will guide our improvement efforts over the next year.



Getty Images



Helping moms Start Smart

We want to help women take care of themselves and their babies from the time they find out they are pregnant through postpartum and newborn periods.

Start Smart for Your Baby® (Start Smart) is a care management program for women who are pregnant or have recently given birth. The program can help members find a doctor, set up appointments or find community resources.

To take part in Start Smart, women can contact Customer Service at **1-888-713-6180**. Want to help? As soon as you confirm a patient's pregnancy, submit a notification of pregnancy (NOP). The NOP can be found here at MHSWI.com.

Members have **rights** and **responsibilities**

Member rights and responsibilities cover members' treatment, privacy and access to information. We have highlighted a few below.

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

The provider manual includes a more comprehensive list of member rights and responsibilities. Visit MHSWI.com or call **1-800-222-9831** if you need a copy of the manual.



Getty Images



1-800-222-9831
MHSWI.COM

MHS/NETWORK HEALTH REFERS TO THE BADGERCARE PLUS AND MEDICAID SSI MEMBERS OF MHS Health Wisconsin AND NETWORK HEALTH PLAN.

Published by Manifest LLC. © 2019. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. Manifest makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.