MEDICARE STAR RATINGS

2016 HEDIS REPORTING
Every year, managed care plans are required to report on clinical quality measures to the Centers for Medicare & Medicaid Services (CMS). The quality measures are based on the Healthcare Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA). Easy Choice’s HEDIS practice advisors have been meeting with your MSO/IPA leadership in preparation for this annual retroactive medical record review project to meet reporting requirements.

Easy Choice has contracted with Altegra Health to collect and abstract the medical records required for completion of the HEDIS review. Beginning in late February, Altegra Health will begin scheduling on-site medical record abstraction and faxing requests for medical records. HEDIS medical record abstraction is time-sensitive and the deadline for all record collection is April 30, 2016. Please educate your staff regarding Altegra Health and the HEDIS project to make this a seamless process. Please note that the HEDIS scoring methodology considers a missing record to be non-compliant, and we will not receive credit for the service if we do not receive the records requested.

Please contact an Easy Choice HEDIS practice advisor at 1-866-999-3945 with any questions regarding HEDIS reporting and medical record requests.

2016 CAHPS SURVEY
The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is designed to collect important information from members regarding their experiences with care they receive from their doctors and health plans by mail survey or phone interview. Easy Choice has contracted with SPH Analytics (SPHA) to compile the results. The following timeline is important in preparation for survey questions from members, their families and your staff:

(Continued on next page)
MARCH 2016
- CMS prenotification letter is mailed to members.
- The SPHA toll-free number is activated for inquiries by providers, family members or a proxy filling out the survey.
- SPHA mails the first survey.

APRIL–MAY 2016
- SPHA mails second questionnaire to members.
- SPHA makes phone calls to members who have not returned the survey (five attempts).
- The end of May is the deadline for mail surveys.

Easy Choice has compiled CAHPS best practices for providers. The following suggestions were collected from your colleagues to increase your CAHPS rating:

- Greet your patient and family members at the start of each visit.
- Let patients know your office hours and how to get care after-hours.
- Offer to schedule specialist appointments while your patients are in the office.
- Offer extended, evening or weekend hours.
- Leave 5 percent of your appointments open each day to handle urgent same-day appointments.
- If you are running late, tell your staff to let your patients know and apologize.
- It’s just as important to explain why you are not doing something as it is to explain what you are doing.
- Invite questions and encourage your patients to make notes. Research shows most patients forget two out of three things you tell them when they walk out of the exam room.
- Remember, your patients are “sitting on pins and needles” waiting for your return call or their test results. It’s better to apologize for calling late in the day than to anger a patient by keeping them up all night waiting for your call.
- Remember, almost everyone can get and benefit from a flu shot.

Contact a Healthcare Effectiveness Data and Information Set (HEDIS®) practice advisor at 1-866-999-3945 to receive a CAHPS quick reference guide to educate your staff about the survey and best practice strategies.

2016 HOS SURVEY
The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by Medicare Advantage organizations. To better measure this care, CMS, in collaboration with others, developed the Medicare managed care Health Outcomes Survey (HOS). The survey is administered to health plan members (your patients) in order to assess their physical and mental well-being at the beginning and end of a two-year cycle.

Easy Choice has contracted with SPH Analytics (SPHA) to perform the survey and compile member results. Please refer to the following timeline to prepare for member questions and office staff education regarding this survey:

MARCH–APRIL 2016
- CMS prenotification letter is sent to members.
- First questionnaire is mailed to members.
- Reminder/thank you card is mailed to members.

MAY–JUNE 2016
- Second questionnaire is mailed.
- SPHA makes phone calls to members who have not returned the survey (five attempts).

We encourage you to talk to your patients about all aspects of their health and care. We want to partner with you to help your patients maintain good health. If you have questions about the HOS survey, please contact a Healthcare Effectiveness Data and Information Set (HEDIS®) practice advisor at 1-866-999-3945.
UPDATING PROVIDER DIRECTORY INFORMATION

We rely on our providers and IPA partners to advise us of provider demographic changes so we can keep our information current. To ensure our members and care management staff have up-to-date provider information, please send written, advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended. Please send updates via the following methods:

- Providers participating through an IPA partner shall send update notifications directly to your contracted IPA(s) in accordance with your contract. If you need additional information on where to submit your demographic changes, please contact your affiliated IPA(s)
- Providers contracted directly with Easy Choice:
  – Email: ECContracting@wellcare.com
  – Mail: Easy Choice
    Attn: Network Management
    10803 Hope Street, Suite B
    Cypress, CA 90630

Should you have any questions or need additional information please contact Easy Choice Health Plan’s Network Management Department at 1-714-226-2700. Thank you for helping us maintain up-to-date directory information for your practice.

SPIROMETRY TESTING: A SIMPLE BREATHING TEST TO ASSESS AND DIAGNOSE COPD

While there is no cure for chronic obstructive pulmonary disease (COPD), early detection of the disease might help change its course and progress. That’s why we encourage you to take steps in early detection to help you and your patients manage their disease by carefully monitoring medical and family health history, the presence of symptoms, and airway obstruction (also called airflow limitation).

The Global Initiative for Chronic Obstructive Lung Disease (GOLD), international COPD guidelines¹, and national guidelines², advise spirometry as the gold standard for accurate and repeatable measurement of lung function. Evidence-based practice guidelines indicate that when spirometry confirms a COPD diagnosis, doctors initiate more appropriate treatment. Spirometry is also helpful in making a diagnosis in patients with shortness of breath and other respiratory symptoms and for screening in high-risk environments.

Consider using spirometry as a diagnostic tool if you have patients who are experiencing some of the more common symptoms:

- A cough that doesn’t go away
- Coughing up lots of mucus
- Shortness of breath, especially with activity upon exertion
- Wheezing
- Tightness in the chest
- Limitations in activity

If a diagnosis is confirmed, please educate your patients about avoiding the most common causes of COPD, such as cigarette smoking, being around secondhand smoke, long-term exposure to other home and workplace air pollutants, and chronic respiratory infections.

The goal of COPD treatment is to ease the symptoms and slow the progress of COPD, prevent and treat any complications, and improve the patient’s overall quality of life.

References


Other sources:
UPDATES FROM YOUR EASY CHOICE MEDICAL DIRECTOR

In this first quarter issue of our 2016 Easy Choice Provider Newsletter, there are several important things that I’d like to bring to your attention.

PROVIDE AND DOCUMENT QUALITY CARE

With the start of the calendar year 2016, it is very important that our patients have their annual health assessment completed in first half of the year. This is your opportunity to provide and document quality care for our Easy Choice members:

• Review, reconcile and purge any unnecessary medications.
• Reevaluate and document all Hierarchical Condition Categories (HCC) codes that were captured in the past years.
• Have your staff evaluate patients for any new HCC codes (i.e., have your MA perform spirometry on patients with a long history of smoking to evaluate and treat for COPD; have your MA perform PHQ9 on all members to evaluate and treat for major depression).
• Order any preventive screening tests and close care gaps that are due in 2016.

DECREASE UNNECESSARY EMERGENCY ROOM VISITS

As you may know, most emergency room (ER) visits are unnecessary and avoidable. And once our older or vulnerable patients with multiple medical and mental conditions show up in the ER, they have a greater likelihood of being unnecessarily admitted to the hospital. There are several things that you and your office can do to decrease unnecessary ER visits.

• Make sure that your office has slots available on the schedule for same-day sick visits.
• Treating sick patients over the phone is risky because members may not be truthful about their conditions, and you cannot examine them. If your office has a nurse, the sick patient can come into the office for a same-day sick visit (i.e., UTI, cough/cold, etc.) with the nurse. The nurse can “triage” your patient and report his or her findings to you. Upon reviewing the nurse’s subjective and objective findings, you can develop a quick treatment plan (you should examine the patient yourself if you think it is appropriate), and the patient can avoid an unnecessary ER visit.
• You and your staff should frequently remind our patients (verbally and with a sticker with your office phone number) to call your office as soon as they become sick. The patient should not wait for his or her condition to worsen and then go to the ER after-hours or on the weekend.
• Your staff should frequently give patients the names and locations of the urgent care centers closest to their homes. Encourage patients to use urgent care centers if they are unable to come in for same-day sick visits.
• Just before patients leave your office, the front office staff should schedule follow-up visits for patients with you. As a result, you establish a close bond with your patients, monitor them closely and address their needs. Otherwise, they may make an unnecessary visit to the ER for non-emergent illnesses.
• Easy Choice patients with any health questions may call the Easy Choice Nurse Advice Line (24 hours a day, 7 days a week) at 1-800-581-9952.

On behalf of the Easy Choice Health Plan, I want to express my appreciation to you and your office staff for working hard every day to provide quality health care to our Easy Choice members. Our Easy Choice associates and I are ready to continue collaborating with you all to achieve high quality and cost-effective care.

Richard Nguyen, MD, MBA, FAAFP
State Medical Director
Easy Choice Health Plan
TEN TIPS ON HOW TO HELP PATIENTS ADHERE TO THEIR MEDICATIONS

“Drugs don’t work in patients who don’t take them.” –Former Surgeon General C. Everett Koop

It goes without saying that medication adherence is a complicated, multifactorial issue that has been an ongoing challenge within the health care industry. The figure below illustrates where and how 100 written prescriptions ultimately end up. Fewer than 70 percent make it to the pharmacy, and only 15–30 percent are taken and refilled as directed.

FIGURE 1: GAP BETWEEN A WRITTEN PRESCRIPTION AND ACTUAL MEDICATION USE

Phcy = Pharmacy, Rx = Prescription
(Source: Adapted from the Assessing and Addressing Medication Non-adherence at the Population and Clinic Level Slidedeck)

So, how can we, as health care providers, help address this complex issue? The following are some suggestions:

- Involve the patient in the treatment decision making process. Create an open dialogue and ask patients about their expectations, needs and experiences in taking medications.
- Actively listen. Give the patient time to talk and ask questions.
- Assess the patient’s health literacy. Use simple, everyday language and provide pictures when appropriate.
- Consider the patient’s cultural beliefs and attitudes. For example, when patients who prefer herbal products are taking metformin, let them know that metformin was originally derived from the French lilac. This may improve their acceptance of this therapy.
- Allow time for medication reconciliation at every visit. Encourage a “blame-free” environment and ask questions such as:
  - Do you feel that your medications are working or helpful to you?
  - Of the medications prescribed to you/the ones you listed, which ones are you taking?
  - Do you sometimes forget to take your medications? If yes, which ones and how often?
  - Do you take any of your medications differently from the way they were prescribed? If so, how?
  - Have you stopped any of your medications for any reason? If yes, why?
  - Have you noticed any side effects from your medications? If yes, what are they and how have you/others tried to manage them? Do you think you will stop taking this medication because of these side effects?
  - Are you taking any other medications, herbals, vitamins or supplements?
- Listen to the patient’s rationale for nonadherence. Ask patients what might help them become and remain adherent.
- Simplify the regimen. Consider combination medications and less frequent dosing medications whenever possible.

(Continued on next page)
When prescribing a new medication, provide all of the following key information:

- Drug name (brand and generic)
- Purpose of the drug, how it will help the patient
- What changes can the patient expect to see and when, if any
- Rationale for choosing the medication (e.g., cost, formulary, effectiveness, ease of use)
- When and how it should be taken (e.g., frequency, when during the day)
- How long it should be taken for
- If it will replace or affect another medication
- What should be avoided (e.g., other medications, herbals, food, beverages, activities)
- Any potential adverse effects and their likelihood of occurring, whether they will resolve on their own and approximately when, what to do if they do not resolve, and how the treatment plan may change if they do not resolve
- When to contact you and/or other health care professionals; when to go to an urgent care center and/or the emergency room. Provide all contact information.
- Have patients restate their understanding of your instructions and how the medication will help them.

Write prescriptions for a 90-day supply or for the entire year whenever possible.
Use pharmacy services, such as mail order and automatic refill reminder services (e.g., calls, texts, email).

We hope you will find these tips useful. Thank you for all of your efforts in helping our members adhere to their medications!

References:

Other sources:

NEW DISEASE MANAGEMENT PROGRAM

Beginning this year, Easy Choice Health Plan will implement a chronic obstructive pulmonary disease (COPD) Disease Management Program. This program is offered at no cost to the member. The program provides members with telephonic education from a registered nurse. One of the goals of the program is to empower members to increase their self-management skills and follow your prescribed plan of care.

Our disease management programs identify potential candidates based on available data and referrals from multiple sources, including claims or encounter data, pharmacy and laboratory data, Utilization Management and discharge planner referrals, and practitioner and member referrals. If you would like to refer your Easy Choice patients to our Disease Management Program, please call 1-866-999-3945 Monday–Friday, from 8 a.m. to 5 p.m.

WE'RE JUST A PHONE CALL OR CLICK AWAY!

Easy Choice Health Plan
Medicare
1-866-999-3945
www.easychoicehealthplan.com