



The impact of asthma

According to the Centers for Disease Control and Prevention, more than 18 million adults and 6.2 million children in the U.S. currently have asthma. That's about 7.6 percent of adults and 8.4 percent of children.

Besides causing emergency room visits and hospitalizations, asthma can lead to missed school and work days and limitations on day-to-day activities. However, symptoms can be treated and controlled, allowing members with asthma to live healthier lives.

The National Committee for Quality Assurance has two Healthcare Effectiveness Data and Information Set measures for analyzing the level of care given to those with persistent asthma between the ages of 5 and 85:

- **Medication Management for People with Asthma:** This measure assesses those who were dispensed appropriate asthma controller medications that they remained on for at least 75 percent of their treatment period.
- **Asthma Medication Ratio:** This measure assesses those who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Asthma patients with an AMR less than 0.5 may be using their controller medication infrequently, leading them to use rescue medication more often.

Be sure to discuss the importance of using controller medication with your patients with asthma. It's also important that all patients with asthma have an asthma action plan so they know what to do to prevent and treat their disease.

HEDIS measures performance

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

Most health plans use HEDIS to measure performance on important aspects of care and service. Through HEDIS, NCQA holds Peach State Health Plan 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 behavioral health HEDIS topics covered in this issue of the provider newsletter.



Clinical practice guidelines for depression

Depression is one of the most common mental health disorders in the U.S. According to the National Institute of Mental Health, in 2015, more than 16 million adults (ages 18 and older), or 6.7 percent of all adults, had at least one depressive episode in the last year.

Clinical practice guidelines from the American Psychiatric Association describe recommended actions at each stage of treatment, including activities that should take place during all phases of treatment. Here are a few of those activities. Read them all at psychiatryonline.org/guidelines.

- **Complete the psychiatric assessment**, including a physical and mental status exam and a review of existing over-the-counter and prescription medications.
- **Evaluate the safety of the patient** to determine the risk of suicide.
- **Establish the appropriate treatment setting**, using the least restrictive setting possible.

- **Evaluate and address functional impairments and quality of life**, maximizing the patient's ability to work, attend school and participate in social and leisure activities.
- **Coordinate the patient's care with other clinicians.**
- **Monitor the patient's psychiatric status**, watching for new or changing symptoms.

Peach State Health Plan 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. Peach State Health Plan evaluates providers' adherence to the guidelines at least annually, primarily through monitoring of relevant HEDIS measures.

HEDIS measures for treatment of depression

Depression Screening and Follow-Up for Adolescents and Adults (DSF)*: Measures the percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.

- **Depression Screening:** Members who were screened for clinical depression using a standard tool.
- **Follow-up on Positive Screen:** Members who screened positive for depression and received follow-up care within 30 days.

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS): Measures the percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. The measurement period is divided into three assessment periods with specific dates of services:

- **Assessment Period One:** January 1–April 30 of the measurement period.
- **Assessment Period Two:** May 1–August

31 of the measurement period.

- **Assessment Period Three:** September 1–December 31 of the measurement period.

Depression Remission or Response for Adolescents and Adults (DRR): Measures the percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4 to 8 months of the elevated score.

- **Follow-Up PHQ-9:** Members who have a follow-up PHQ-9 score documented within the 4 to 8 months after the initial elevated PHQ-9 score.
- **Depression Remission:** Members who achieved remission within 4 to 8 months after the initial elevated PHQ-9 score.
- **Depression Response:** Members who showed response within 4 to 8 months after the initial elevated PHQ-9 score.

Follow-Up After Hospitalization for Mental Illness (FUH): Measures the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and

who had a follow-up visit with a mental health practitioner. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

Antidepressant Medication Management (AMM): Measures the percentage of adults 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective Acute Phase Treatment:** Members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective Continuation Phase Treatment:** Members who remained on an antidepressant medication for at least 180 days (6 months).

**This measure is new for HEDIS 2018.*



Follow-up care is key

While identifying members with depression is important, following up on their treatment after diagnosis is critical to continuing improvement. The clinical practice guidelines developed by the American Psychiatric Association note providers should assess potential barriers to treatment adherence. Symptoms of depression, including lack of motivation and pessimism, and side effects of medications may make members reluctant to continue treatment.

What **disease management** can do for your patients

Peach State Health Plan offers disease management programs to members with conditions such as diabetes, asthma, hypertension and HIV/AIDS. The programs can:

- Provide education regarding a member's condition, helping encourage adherence to treatment plans
- Help members and their caregivers manage conditions
- Increase coordination among the medical, social, behavioral health and educational communities
- Ensure that referrals are made to the proper providers
- Ensure coordinated participation from physicians and specialists
- Identify modes of delivery for coordinated care services, such as home visits, clinic visits and phone contacts

An integrated approach with collaboration between physical and behavioral health clinicians is used in our disease management programs.

If you know a member who would benefit from disease management, call Peach State Health Plan at **1-800-504-8573** and choose the prompt for care management, or visit our provider portal to initiate a referral.



Promoting good care and communication

When you have a patient with multiple conditions or who needs complex, coordinated care, communication is key.

Peach State Health Plan offers care management to help members who may not be able to facilitate care on their own. It's intended for members with high-risk, complex or catastrophic conditions, such as asthma, diabetes, sickle cell disease, HIV/AIDS, congestive heart failure, or behavioral health conditions.

Care Managers are trained nurses who act as advocates, coordinators, organizers and communicators. They support both patients and their caregivers, as well as you and your staff, and promote quality, cost-effective outcomes.

Peach State Health Plan also has Behavioral Health Care Managers who can assist with coordination of care for your members with behavioral health diagnoses. We use an integrated approach with collaboration between physical and behavioral health clinicians.

A Care Manager connects the Peach State Health Plan 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 do not provide hands-on care,

diagnose conditions or prescribe medication. Instead, care managers help members understand the benefits of following a treatment plan outlined by a physician and the consequences of not following the plan.

Care Managers can help your team with members who are not adhering to their treatment plan, members with new diagnoses and members with complex multiple comorbidities.

Care Managers conduct telephonic or face-to-face visits with patients to provide education, ongoing assessments of needs, identification of short- and long-term goals, and referrals to community agencies as needed in collaboration with the treating provider. Member-centric care plans are developed in conjunction with the member, family and providers, and are shared with the providers by mail or the provider portal.

We have an ER reduction program to assist your patients with seeking appropriate care at the appropriate location and education on avoidance of nonemergent ER visits.

Providers can directly refer members to our care management program by phone or through the provider portal. Providers may call **1-800-504-8573** and choose the prompt for care management to obtain information about the care management services Peach State Health Plan offers.

A shared agreement

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

Member rights include but are not limited to:

- Receiving all services that Peach State Health Plan must provide
- Being treated with dignity and respect
- Knowing their medical records will be kept private
- Being able to ask for, and get, a copy of their medical records
- Being able to ask that their medical records be changed or 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 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 **PSHP.com** or call **1-866-874-0633** if you need a copy of the manual.





Help members **Start Smart**

Regular prenatal care is vital to helping women have healthy pregnancies and healthy babies.

Here are a few ways to help your patients:

- Talk to women before they become pregnant. Remind members of the importance of prenatal care. Also remind women to start taking both prenatal vitamins and folic acid before they try to conceive.
- Let women know that after a positive home pregnancy test, they should schedule a prenatal exam to confirm the pregnancy and begin prenatal care. Providers should submit a notification of pregnancy (NOP) form as soon as a member's pregnancy is confirmed. This ensures Peach State Health Plan is aware of the pregnancy and can provide the needed support and member incentives. Provider incentives are available for timely submission of an NOP.
- Hand out a prenatal care schedule. Be sure to let women know about bloodwork and tests that take place during a pregnancy so they know what to expect and can ask questions.
- Encourage members to schedule their next prenatal care appointment before they leave your office.
- Discuss use of 17P, hydroxyprogesterone caproate, with your patients who have a history of prior preterm birth. Providers are eligible for incentives for use of 17P with their patients.
- Discuss the importance of smoking cessation for your pregnant patients. Provider and member incentives are available for successful smoking cessation.

The American Academy of Family Physicians offers detailed perinatal care guidelines on its website at aafp.com. The guidelines include recommended tests and physical exams during each of the three trimesters, as well as information on dietary guidelines and counseling topics, such as safe air travel.

Once you have filed an NOP, women can enroll in the Start Smart for Your Baby® program. The Start Smart for Your Baby® program provides education regarding a healthy pregnancy and incentives for completing milestones during pregnancy, such as completion of recommended prenatal care visits and postpartum visits. The program can help members find a doctor, set up appointments or find community resources. The High-Risk OB Care Management program is available to pregnant women with high-risk conditions that may impact a healthy pregnancy or delivery. The High-Risk OB Care Managers conduct telephonic or face-to-face visits to assist your patients. An integrated approach with collaboration between physical and behavioral health clinicians can assist those pregnant members with substance abuse issues or postpartum depression. We also assist your patients with smoking cessation to optimize the pregnancy experience. Members can find out more by calling Member Services at **1-800-704-1484**. Providers may refer pregnant patients by calling Peach State Health Plan at **1-800-504-8573** and choose the prompt for care management, or visit our provider portal to initiate a referral.

Know your pharmacy facts

Here are a few things to know before prescribing medication to Peach State Health Plan members:

1. Peach State Health Plan is committed to providing appropriate and cost-effective drug therapy to its members. Not all drugs are covered. Some need a prior authorization and some may have limits on age, dose and maximum quantities.
2. Peach State Health Plan uses a preferred drug list (PDL)—a list of drugs members can get at retail pharmacies—and updates it quarterly. You can find the most up-to-date PDL, including information about prior authorization and other guidelines, such as step therapy, quantity limits and exclusions, at PSHP.com.
3. If you have questions about our pharmacy procedures or would like a printed copy of the PDL, please call **1-866-874-0633**.



Published by Manifest LLC. © 2018. 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.