



Quality

Helping Members Manage their Persistent Asthma

According to the American Lung Association approximately 26 million Americans, including 7 million children, have asthma. NCQA defines persistent asthma as having at least four asthma medication dispensing events in a year, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed.

Through NCQA's HEDIS® Measure Medication Management for People with Asthma (MMA), Missouri Care monitors members 5–64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. Percentage of members who remained on an asthma controller medication for at least 50% of their treatment period
2. Percentage of members who remained on an asthma controller medication for at least 75% of their treatment period

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we're working with you and others to help our members live better, healthier lives.



Helping Members Manage their Persistent Asthma

The following is a list of medications included in this measure as defined by NCQA:

Asthma Controller Medications			
Description	Prescriptions		
Anti-asthmatic Combinations	Dyphylline-guaifenesin	Guaifenesin-Theophylline	
Antibody Inhibitors	Omalizumab		
Anti-Interleukin-5	Mepolizumab	Reslizumab	
Inhaled Steroid Combinations	Budesonide-formoterol	Fluticasone-vilanterol	Fluticasone-salmeterol
	Mometasone-formoterol		
Inhaled Corticosteroids	Beclomethasone	Flunisolide	Budesonide
	Fluticasone CFC free	Ciclesonide	Mometasone
Leukotriene Modifiers	Montelukast	Zafirlukast	Zileuton
Methylxanthines	Dyphylline	Theophylline	

Asthma Reliever Medications			
Description	Prescriptions		
Short-Acting, inhaled beta-2 agonists	Albuterol	Levalbuterol	Pirbuterol

Missouri Care is dedicated to provide the highest quality of care for our members by encouraging our Care Management team to partner with providers to offer support and education. Missouri Care’s Care Management encourages members’ ability to self-manage their asthma, minimize the risk of exacerbations, and attempt to remove barriers preventing members from achieving those goals.

Missouri Care also offers an Asthma Care Management Program designed to improve member outcomes by decreasing exacerbations and preparing members with action plans should issues arise.



Some of the strategies of the Asthma Care Management Program include:

- Provision hypoallergenic bedding when needed
- Identifying and reducing barriers to care, such as providing community services and transportation benefits
- Enrolling members in the Asthma Disease Management Program, when appropriate
- Providing targeted mailings on topics such as smoking cessation and Inhaler use
- Increasing use of Missouri Care’s 24/7 Nurse Advice Line

To refer a member for Care Management, fax a Care Management Referral Form to 1-866-946-1104. The form can be found at www.missouricare.com or call 1-800-322-6027.

Sources: WellCare’s Clinical Practice Guideline: Management of Asthma in Children and Adults: <https://www.wellcare.com/Missouri/Providers/Clinical-Guidelines/CPGs>, and 2019 HEDIS Technical Specifications for Medication Management for People with Asthma (MMA)

2018 CAHPS® Survey Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys asks consumers and patients to evaluate their experiences with healthcare. The survey aims to measure how well plans are meeting their members' expectations and goals and to determine which areas of service have the greatest effect on the members' overall satisfaction.

SPH Analytics (SPHA) administered the child version of the 2018 CAHPS 5.0H Survey for Missouri Care. The CAHPS survey provides the member satisfaction component of the measurement set needed for NCQA accreditation for managed care organizations, like Missouri Care.

Members were asked to report on various aspects of Missouri Care's performance, from customer service to the quality of healthcare their children received. From this information, Missouri Care gets an overall performance rating in four categories and global proportion ratings in five domains of care. This information is helpful in identifying opportunities for improvement which could aid in increasing the quality of care provided.



As a provider, you have an opportunity to improve patients' satisfaction by:

- ✓ Being informed and up to date about the care the patient has received from other doctors and health care providers
- ✓ Spending enough time with the patient
- ✓ Explaining patients' health status, in a way they understand
- ✓ Listening and showing respect to patients
- ✓ Talking with patients about why they would or would not want to take medications
- ✓ Having readily available appointments

Missouri Care's CAHPS survey was conducted from March through May of 2018 for all four regions in Missouri (Central, East, West, Southwest). A random sampling of 13,633 eligible members, 17 years and younger as of December 31, 2017, currently enrolled, who had been continuously enrolled for six months and whose primary insurance coverage was through Medicaid, were eligible to participate in the survey. A total of 3,226 valid surveys were collected from eligible members, for a response rate of 24.05%.

The following are the preliminary 2018 CAHPS scores compared to the 2017 NCQA Benchmarks.

All Regions Combined		
Composites	Missouri Care Three Point Score*	Three Point Score Compared to NCQA Benchmark
Getting Care Quickly	2.72	90th
Getting Needed Care	2.51	50th
Coordination of Care	2.47	50th
Customer Service	2.52	25th
Ratings		
Rating of all Healthcare	2.62	90th
Rating of Personal Doctor	2.72	90th
Rating of Specialist	2.63	75th
Rating of Health Plan	2.57	25th

*Three Point Score equals the average of all Ratings: Very Satisfied, Satisfied, Neutral, Dissatisfied



How To Improve Patient Satisfaction and CAHPS® Scores

What Is The CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask patients to evaluate their healthcare experiences. Missouri Care conducts an annual child CAHPS survey, which asks parents or guardians to rate experiences with their child's healthcare providers and plans.

As a Missouri Care provider, you can contribute to a positive experience on key aspects of their child's care.

Ways To Improve Patient Satisfaction:

1. Know What You Are Being Rated On:

Providers are evaluated on various aspects of care they provide in the Child CAHPS Survey, including:

- Talking with patients about specific ways to prevent illness
- If patients can get appointments when needed
- If providers communicate well with patients
- If providers seem informed about all aspects of a child's care.
- In the survey, personal doctors and specialists are rated by parents on a scale of 0 to 10. For full details, please see Part 1 in the Issue II 2018 Newsletter.

2. Positive Communication Is Effective

- Adopt a patient-centric, service oriented approach to patient care.
- Raise your interaction levels with patients and their families to provide first-hand feedback.
- Going the extra mile to make sure patients and their families know what to expect can help improve their experiences.

For full details, please see Part 2 in the Issue III 2018 Newsletter.

3. Create A Culture Of Improvement

Create a culture within your office or organization in which patient experience is a top priority. Each staff member should understand that patient care is his or her business. It's not just about nurses or doctors improving care, it's about everyone on the team being looked upon as a caregiver, even if their job does not allow them to provide actual care. Improving patient satisfaction requires 100% participation from the entire team.

Cultivating relationships between your medical team and your patients can have a major impact on patients' experiences, and in turn, can improve CAHPS scores!

Sources and References:

2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey;
 Clinical Leadership & Infection Control, "Going from Good to Great Care – 5 Ways to Boost HCAHPS Scores", retrieved from: <https://www.beckershospitalreview.com/quality/going-from-good-to-great-care-5-ways-to-boost-hcahps-scores.html>;
 Clinical Leadership & Infection Control, "To Improve HCAHPS, Achieve Alignment", retrieved from: <https://www.beckershospitalreview.com/quality/to-improve-hcahps-achieve-alignment.html>

What is HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®) consists of a set of performance measures used by more than 90% of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors



Why HEDIS Is Important

HEDIS ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.



Value Of HEDIS To Your Patients, Our Members

HEDIS ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans scores, helping them to make informed healthcare choices.



What You Can Do

- Encourage your patients to schedule preventive exams
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members



Value Of HEDIS To You, Our Providers

HEDIS can help save you time while also potentially reducing healthcare costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care.

HEDIS can also help you:

- Identify noncompliant members to ensure they receive preventive screenings
- Understand how you compare with other providers as well as with the national average

If you have questions about HEDIS or need more information, please contact your local Provider Relations representative.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Source: www.ncqa.org

Updated Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. They also reference evidence-based standards to ensure that the guidelines contain the highest level of research and scientific content. CPGs are also used to guide efforts to improve the quality of care in our membership.

CPGs on the following topics have been updated and published to the Provider website:

- Acute and Chronic Kidney Disease: HS-1006
- ADHD: HS-1020
- Adolescent Preventive Health: HS-1051 **NEW**
- Adult Preventive Health: HS-1018
- Anxiety Disorders: HS-1057 **NEW**
- Asthma: HS-1001
- Behavioral Health Conditions and Substance Use in High Risk Pregnancy: HS-1040
- Behavioral Health Screening in Primary Care Settings: HS-1036
- Bipolar Disorder: HS-1017
- Cancer: HS-1034
- Cardiovascular Disease: HS-1002
- Child and Adolescent Behavioral Health: HS-1049 **NEW**
- Cholesterol Management: HS-1005
- Congestive Heart Failure: HS-1003
- COPD: HS-1007
- Dental and Oral Health: HS-1065
- Depressive Disorders in Children, Adolescents and Adults: HS-1022
- Diabetes: HS-1009
- Eating Disorders: HS-1046
- Fall Risk Assessment: HS-1033
- Frailty and Special Populations: HS-1052 **NEW**
- Hepatitis: HS-1050 **NEW**
- HIV Screening & Antiretroviral Treatment: HS-1024
- Hypertension: HS-1010
- Managing Infections: HS-1037
- Neonatal and Infant Health: HS-1072 **NEW**
- Neurodegenerative Disease: HS-1032 (previously Alzheimer's Disease)
- Obesity in Children and Adults: HS-1014
- Older Adult Preventive Health: HS-1063
- Osteoporosis: HS-1015
- Palliative Care: HS-1043
- Pediatric Preventive Health: HS-1019
- Persons with Serious Mental Illness and Medical Comorbidities: HS-1044
- Pneumonia: HS-1062
- Post-Traumatic Stress Disorder: HS-1048 **NEW**
- Rheumatoid Arthritis: HS-1025
- Sickle Cell Anemia: HS-1038
- Schizophrenia: HS-1026
- Substance Use Disorders: HS-1031
- Suicidal Behavior: HS-1027
- Traumatic Brain Injury (TBI): HS-1065 **NEW**

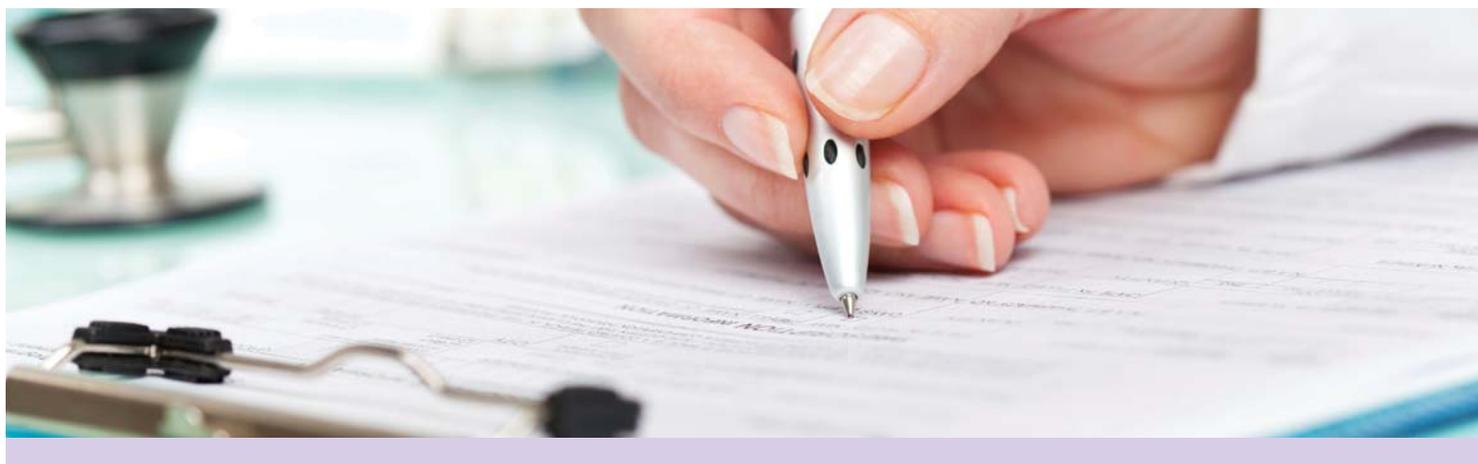
Clinical Policy Guiding Documents

- CPG Hierarchy
- Health Equity, Literacy, and Cultural Competency **NEW**

The following CPGs have been retired and removed from the Provider website:

- Acute Kidney Injury: HS-1069
- Antipsychotic Drug Use in Children: HS-1045
- Behavioral Health and Sexual Offenders in Adults: HS-1039
- Imaging for Low Back Pain: HS-1012
- Lead Exposure: HS-1011
- Motivational Interviewing & Health Behavior Change: HS-1042
- Pharyngitis: HS-1021
- Psychotropic Use in Children: HS 1047
- Screening, Brief Intervention, & Referral to Treatment (SBIRT): HS-1056
- Transitions of Care: HS-1054
- Major Depressive Disorder in Adults: HS-1008
- Substance Use Disorders in High Risk Pregnancy: HS-1041*

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit www.wellcare.com/Missouri/Providers/.



Reminder of Policy: PCP Request of Transfer of Member

WellCare would like to remind our network of providers the procedures for transferring members. We would like to ensure our providers are aware of the appropriate process for requesting members to be removed from their panel. We partner with our providers to provide quality care for our members, your patients, and our ultimate goal is for providers to work on quality with their patients by engaging them instead of reassignment.

When is it acceptable to request transfer of members:

- Member is non-compliant with treatment plan/plan of care.
- Evidence of abusive or inappropriate behavior
- PCP is unable to adequately address member needs
- Full list is available in the Provider Manual

When is it **NOT** acceptable to request transfer of members:

- PCP is unable to contact member
- Member inhibits quality scores and P4Q payments

How you can help improve quality care for your patients:

- Ensure members understand their treatment plan, have them repeat it back.
- Make time to answer questions for your patients
- Be mindful of wait times and appointment availability
- Be sensitive to member's needs and circumstances
- Provide proper care and follow-up
- Promote preventative care and the importance of it
- Speak to patients about prescription adherence and its importance



How to submit a request:

- PCPs can now request to transfer a member via the New Provider Portal at portal.wellcare.com/login/provider. (This new online submission option replaces the previous fax form process)
- Once on the home screen, providers will select *My Patients* at the top; choose the member; then select the Action: *Request Member Transfer*. Supporting documentation such as office notes and/or clinicals are required for completion of each submission.
- Requesting providers will receive confirmation from Customer Service once the transfer is completed.

What you need to know:

- WellCare has established a uniform policy to ensure the proper evaluation and processing of requests to transfer/reassign members. This policy complies with specific State and/or Federal contractual requirements.
- Provider shall continue to provide medical care for the WellCare member until written notification is received from WellCare confirming the member has been transferred.
- The full detailed outline of this process can be located in the Provider Manual under the Termination of a Member section.

Thank you for partnering with us to provide quality care for all of our WellCare Members.

Statins Therapy for Patients with Diabetes and Cardiovascular Disease

Statin therapy should be considered for most patients with diabetes and or cardiovascular disease for primary or secondary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the American College of Cardiology (ACC)/American Heart Association's (AHA) evidence-based recommendations to help you choose the most appropriate statin intensity for your patient.

ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce ASCVD Risk in Adults

Patient Risk Category	ACC/AHA Recommendation
Patients Ages 40–75 with diabetes and low density lipoprotein (LDL) from 70–189 mcg/dL	A statin medication (intensity dependent on patient's risk factors)
Patients with a 10-year ASCVD risk < 7.5%	A moderate-intensity statin
Patients with a 10-year ASCVD risk > 7.5%	A high-intensity statin
Patients ≤ 75 years of age with established clinical ASCVD	A high intensity statin

We value everything you do to deliver quality care to our members – your patients. We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.



Reference

Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013;00:000–000. Accessed 7/31/2018. <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>



Effective Communication with Patients

The ability to effectively and compassionately communicate information is key to successful patient-provider relationships. The present healthcare environment has increasing demands on productivity. This leaves less time with each patient, which can hinder effective communication.

Here are some things you can do to communicate more effectively with patients:

- ✓ Listen carefully to the patient and respect their point of view
- ✓ Remember the patient has come to you for help. Be empathetic and acknowledge their feelings.
- ✓ Reassure the patient you are available to help them
- ✓ Check often for patients' understanding
- ✓ Respect the patient's culture and beliefs
- ✓ Explain medication in simple, easy to understand language. Tell them why they may want to take the medication and why they may not want to take the medication.



Successful communication can impact patient outcomes. Open communication leads to more complete information, which enhances the prospect of a more complete diagnosis, and can potentially improve adherence to treatment plans.

Source: ACOG, "Effective Patient-Physician Communication", retrieved from: www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Effective-Patient-Physician-Communication

Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

- ✓ You control your banking information.
- ✓ No waiting in line at the bank.
- ✓ No lost, stolen, or stale-dated checks.
- ✓ Immediate availability of funds – no bank holds!
- ✓ No interrupting your busy schedule to deposit a check.

Setup is easy and takes about five minutes to complete. Please visit www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan at 1-877-331-7154 with any questions.

We will only deposit into your account, not take payments out.



Community Connections Line

CAL NUMBER VIDEO RELAY
1-866-775-2192 1-855-628-7552

We offer non-benefit resources such as help with food, rent and utilities.



Healthy Rewards Program

The Healthy Rewards Program rewards members for taking small steps toward healthier lives. When they complete primary care provider (PCP) visits, prenatal visits and certain health checkups, members earn rewards that are placed on reloadable Visa® cards. The more services members complete, the more they earn.

Providers can encourage their patients to take part in this program.

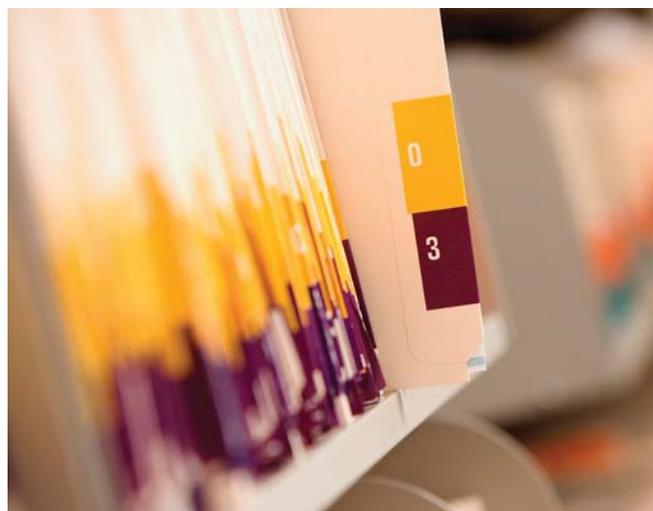
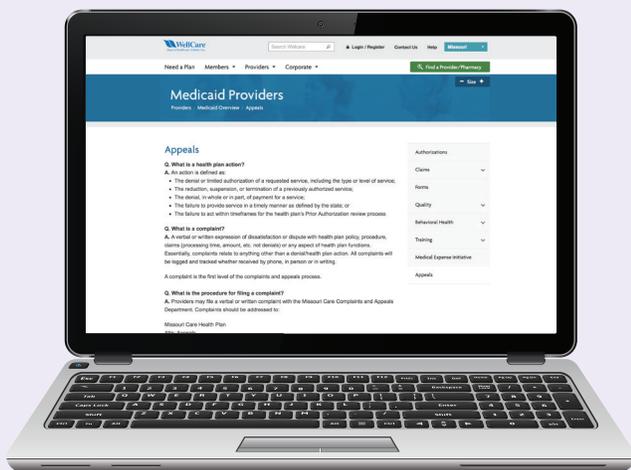
For more information on the Healthy Rewards Program, log on to the Provider Portal, contact your Provider Relations Representative or call one of the Provider Services phone numbers at the end of this newsletter.

Appeals Tip

Missouri Care offers the following tips to assist providers in submitting appeals:

- Tip 1:** Missouri Care cannot process an appeal without a cover letter clearly stating the reason for the appeal, the date of service, member ID, and/or correct claim number.
- Tip 2:** Make sure your appeal cover letter addresses the actual reason your claim was denied. For example, if your claim was denied for failure to get prior authorization, explain extenuating circumstances as to why you failed to get prior authorization. If you simply say that the treatment was medically necessary and the claim was not denied due to medical necessity, the denial will be upheld.
- Tip 3:** To avoid delays in processing, be sure your appeals and disputes are sent to the correct addresses (see the Provider Manual for the definition of a dispute versus an appeal).

- Send all **appeals** to:
Missouri Care
Attn: Appeals
4205 Philips Farm Rd, Suite 100
Columbia, MO 65201
Fax: 877-851-2043
- Send all **disputes** to:
Missouri Care
Attn: Claim Payment Disputes
PO Box 31370
Tampa, FL 33631-3370



Updating Provider Directory Information

We rely on our provider network to advise us of demographic changes so we can keep our information current.

To ensure our members and Care Management staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.

New Phone Number, Office Address or Change in Panel Status:

Send a letter on your letterhead with the updated information. Please include contact information if we need to follow up with you.

Please send the letter by any of these methods:



Email:

MissouriProviderRelations@wellcare.com



Fax:

1-866-946-1105



Mail:

Missouri Care
Attn: Provider Operations
4205 Philips Farm Rd, Suite 100,
Columbia, MO 65201

Thank you for helping us maintain up-to-date directory information for your practice.



1-800-322-6027



www.wellcare.com/Missouri/providers

Provider Resources

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative. Refer to our *Quick Reference Guide*, for detailed information on many areas including Claims, Appeals, and Pharmacy. These are located at www.wellcare.com/Missouri/Providers/Medicaid.

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available at www.wellcare.com/Missouri/Providers/Clinical-Guidelines.

Contact Us

Name	Area Covered	Phone	Email
Kristin Boyd	Eastern Missouri – Medical	314-365-1008	Kristin.Boyd@wellcare.com
Karen Brobeck	Provider Relations Manager	314-444-7548	Karen.Brobeck@wellcare.com
Ronnie Caradine	Eastern Missouri – Medical	314-444-7510	Ronald.Caradine@wellcare.com
Mika Fue	Western Missouri – Medical	573-876-1505	Mika.Fue@wellcare.com
Chelle Haynes	Central Missouri – Medical	573-441-2119	Chelle.Haynes@wellcare.com
Christa Hudson	Southeastern Missouri – Medical	573-270-4601	Christa.Hudson@wellcare.com
Wanda Panick	Missouri Statewide and Out-of-State	314-444-7557	Wanda.Panick@wellcare.com
Abigail Shivers	Southwestern Missouri – Medical	417-572-7803	Abigail.Shivers@wellcare.com
Stephanie Thompson	Central Missouri – Medical	573-441-2131	Stephanie.Thompson@wellcare.com
Barbara Wheeler	Statewide – Behavioral Health	573-355-4033	Barbara.Wheeler@wellcare.com