Anthem Blue Cross and Blue Shield

1st Quarter Updates for Hoosier Healthwise and Healthy Indiana Plan
February/March 2012
Welcome!

Anthem Blue Cross and Blue Shield (Anthem) and its health care providers are committed to serving Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) members by delivering high quality care with compassion and dedication.

Today we will share with you information regarding:

- Healthcare Effectiveness Data Information Set (HEDIS®) measures
- Quality Processes and HEDIS Interventions
- Managed Care Model
- Billing Updates

® is a registered mark of the National Committee for Quality Assurance.
Healthcare Effectiveness Data and Information Set

Healthcare Effectiveness Data and Information Set (HEDIS) is:

- The most used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA).
- Used by more than 90% of America’s health plans\(^1\).
- A retrospective review of services and performance of care.
- A standardized method of collecting data to serve as measurements for quality improvement processes and preventive health plans.
- Provides fair and valid comparisons between health plans.

\(^1\) [www.ncqa.org](http://www.ncqa.org) HEDIS\(^\circledR\) and Quality Compass\(^\circledR\)
HEDIS Data Collection Methods and Reviews

**Administrative:**

Data is obtained from our claims database.

**Hybrid:**

Data is obtained from our claims database and medical record reviews. Clinical quality staff conduct medical record reviews on members selected for these measures. This allows us to capture missing information and improve HEDIS rates.
Hybrid Measures and Required Documentation

Provider Medical Records

We request medical records from our providers for the HEDIS hybrid measures.

Health Insurance Portability and Accountability Act

Under the Health Insurance Portability and Accountability Act (HIPAA) privacy rule, data collection for HEDIS is permitted. The release of this information requires no special patient consent or authorization.

Our members’ personal health information is maintained in accordance with federal and state laws. Data is reported collectively without individual identifiers.
Request for Medical Records

To support HEDIS data collection, Medical Record Requests are faxed to providers from February through May. These requests include a Member List with the member’s name, date of birth, ID number and the assigned HEDIS measure(s).

- If the records are not received within the designated timeframe, a second request and/or a phone call is made to the provider’s office.

- Providers may request an on-site chart review if there are a large number of members on their particular list.
Hybrid HEDIS Measures

Hybrid measures that are included in the medical record review process:

- Childhood Immunizations (CIS)
- Lead Screening Level (LSC)
- Immunizations for Adolescents (IMA)
- Human Papillomavirus Vaccine (HPV) for female adolescents
- Six well-care visits in the first 15 months of life (W15)
- Well-child visits 3rd, 4th, 5th and 6th years of life (W34)
- Adolescent well-care visits for children ages 12-21 (AWC)
- Weight Assessment/Counseling for nutrition and physical activity for children/adolescents (WCC)
Hybrid HEDIS Measures

Hybrid Measures (continued)

- Adult Body Mass Index (ABA)
- Comprehensive Diabetes Care (CDC)
- Controlling Blood Pressure (CBP)
- Cholesterol Management for persons with Cardiovascular conditions (CMC)
- Cervical Cancer Screening (CCS)
- Prenatal and Postpartum Care (PPC)
- Frequency of Prenatal Care (FPC)
- Weeks Of Pregnancy (WOP)
Measure: Childhood Immunizations and Lead Screenings

Childhood Immunizations to be Completed by Two Years of Age

We look for all of the following childhood immunizations (CIS) and lead screenings (LSC) to be completed by two years of age:

- Four diphtheria, tetanus, and pertussis (whooping cough) (DTaP)
- Three Polio vaccine (IPV)
- Three Haemophilus Influenzae Type B vaccine (HIB)
- Three Hepatitis B (HEP B)
- One Measles, Mumps and Rubella (MMR )
- Four Pneumococcal Conjugate Vaccine (PCV)
- Two Hepatitis A (HEP A)
Measure: Childhood Immunizations and Lead Screenings

Childhood Immunizations to be Completed by Two Years of Age (continued)

- Two Influenza
- Two or three Rotavirus/RV/Rotarix/Rotateq
- One Varicella Zoster Virus (VZV) or has had chickenpox
- Lead Screening (Medicaid only) - date and result
Measure: Childhood Immunizations and Lead Screenings

We look for adolescents who are 13 years old in the measurement year who had the following vaccines:

- **Meningococcal**: One dose on or between 11th and 13th birthdays.
- **DTaP/TD**: One dose on or between the 10th and 13th birthdays.
HPV Immunizations

A new measure for 2012 is for adolescent females to have three HPV immunizations between their 9th and 13th birthdays.
Measure W15: Well-Infant Care Physicals

We look for six or more well-care visits by 15 months of age; all visits must have the following documented:

- Physical Exam: General appearance, height, weight, head circumference, deformities, reflexes present, fontanelles, mental alertness, heart, lungs and abdomen.

- Health and Development: Developmental questionnaires regarding sleep habits, feeding, motor skills, teething, interaction with others, walks alone, teething/chewing objects and Primary Medical Provider (PMP) observation.
W15: Well-Infant Care Physicals (continued)

- Anticipatory Guidance - Injury prevention, circumcision care, thermometer use, choking prevention, bathing, car seat use, temper tantrums and lead poisoning.
Measure W34: Well-Child Three to Six Years

We look for children ages three to six years old in the measurement year who have had at least one well-care visit. All visits must have documented the following:

- **Physical Exam:** Height, weight, Body Mass Index (BMI) percentile, head, eyes, heart, lungs, abdomen, extremities, hearing and teeth.

- **Health and Development:** Developmental questionnaires, motor skills, interaction with others, communication skills, physical development and family situations.

- **Anticipatory Guidance:** Injury prevention, car seat use, temper tantrums, establishing routines, after school activities, nutrition, gun safety, limiting television viewing, safety, discipline, fire escape plan, and good and bad touches.
### Examples of Qualifying Documentation for Well-Child Three to Six Years

<table>
<thead>
<tr>
<th>Physical Exam</th>
<th>Physical Health Development</th>
<th>Mental Health Development</th>
<th>Anticipatory Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Developing appropriately for their age</td>
<td>Earns good grades at school</td>
<td>Safety - car seats, swimming lessons, seat belts, helmets, knee and elbow pads, strangers, etc.</td>
</tr>
<tr>
<td>Weight</td>
<td>Can skip</td>
<td>Understands/ responds to commands</td>
<td>Nutrition – vitamins, frequency of eating, snacks, ideal weight, etc.</td>
</tr>
<tr>
<td>BMI</td>
<td>Hops on one foot</td>
<td>Learning alphabet and numbers</td>
<td>Discussions on fitness and the importance of exercise.</td>
</tr>
<tr>
<td>Heart</td>
<td>Runs and climbs well</td>
<td>Competent using a fork and spoon</td>
<td>Oral health - dental visits, eating habits, need for orthodontics, etc.</td>
</tr>
<tr>
<td>Lungs</td>
<td>Rides a bicycle</td>
<td>Very imaginative play</td>
<td>Mental Health – confidence, self-esteem, etc.</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Can stand on one foot for 3-5 seconds</td>
<td>Knows own sex</td>
<td>Preparing for school</td>
</tr>
</tbody>
</table>
Measure: Adolescent Well-Care Physicals

We look for 12-21 year olds in the measurement year who have had at least one well-care visit (school physical, pap smears, post partum visit). All visits must have documented:

- **Health and Development**: Development assessment, social and emotional development, school progress, physical activity, depression, menarche and peer relationships.

- **Physical Exam**: Tanner stage, height, weight, Body Mass Index (BMI), head, eyes, heart, lungs, acne, pap smears and abdomen.

- **Anticipatory Guidance**: Balanced meals, sex education, safety, smoking, drug, and ethanol/alcohol (ETOH) avoidance, regular exercise, breast self exams, seat belt use, suicidal ideation and partner selection.
Examples of Qualifying Documentation for Adolescent Well-Care

<table>
<thead>
<tr>
<th>Physical Exam</th>
<th>Physical Health</th>
<th>Mental Health Development</th>
<th>Anticipatory Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>Developing appropriately for their age</td>
<td>Making good grades at school</td>
<td>Safety – Seat belts, safety gear, etc.</td>
</tr>
<tr>
<td>Height</td>
<td>Does not smoke or drink alcohol</td>
<td>Has good circle of friends</td>
<td>Nutrition – Vitamins, frequency of eating, snacks, ideal weight.</td>
</tr>
<tr>
<td>BMI</td>
<td>Participates in team sports at school</td>
<td>Transitioning well to high school</td>
<td>Fitness and the importance of exercise</td>
</tr>
<tr>
<td>Head</td>
<td>Discussions about physical education at school</td>
<td>Seems detached from family and friends</td>
<td>Oral health – Dental visits, eating habits, need for orthodontics, etc.</td>
</tr>
<tr>
<td>Lungs</td>
<td>Discussions on menstrual cycle</td>
<td>Sleeps more than usual</td>
<td>Sexuality – Safe sex, birth control</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Has problems gaining weight</td>
<td>Seems depressed all the time</td>
<td>Substance abuse</td>
</tr>
</tbody>
</table>
Measure: Adult BMI Assessment

We are looking for documentation consisting of the date and result, that our members age 18 -74 had an outpatient visit during the measurement year or the year prior.

- BMI - Calculation of height and weight.
- Weight - members may be excluded from this measure if they are pregnant during the measurement timeframe.
Measure: Comprehensive Diabetes Care

Members 18 -75 years old who received proper testing and care of diabetes during the measurement year. We are looking for the following documentation consisting of the date and result:

- Hemoglobin A1c test and result,
- LDL Lipid screening test and result, and
- Nephropathy: Urine tests, microalbumin and macroalbumin, angiotensin receptor blockers (ARB drugs) and angiotensin converting enzyme (ACE) inhibitors prescriptions or visits to nephrologists.
Measure: Comprehensive Diabetes Care

Comprehensive Diabetes Care (continued)

- Retinal Eye Exam (during the measurement year or year prior).
- Blood Pressure (BP) documented (BP control is <130/80 or <140/90).
- Exclusions: Evidence of gestational or steroid induced diabetes or polycystic ovary disease.
Measure: Controlling Blood Pressure

Members 18 - 85 years old with diagnosis of hypertension prior to June 30 of the measurement year. We look for the latest (last) documented B/P during the measurement year. BP control is <140/90.

- Documents needed: problem list, medication list and progress notes.

There are several instances where a member may be excluded from this measure:

- Diagnosis of End-Stage Renal Disease (ESRD), dialysis or renal transplant on or before December 31st of the preceding year,

- Admission to a non-acute inpatient facility (i.e., hospice, skilled-nursing facility, rehab or respite) during the measurement year, and

- If the member was pregnant during the measurement year.
Measure: Cholesterol Management

We are looking for documentation of cholesterol management for our members:

- Age 18 – 75 who were diagnosed with a cardiovascular condition as of December 31 of the measurement year\(^1\)

- Date and result of LDL lipid screening; LDL control is <100.

\(^1\)Myocardial infarction, coronary bypass graft, coronary angioplasty, ischemic vascular disease.
Measure: Cervical Cancer Screening

Women age 24 - 64 years old during the measurement period (measurement year and two years prior).

Documentation:

- The date on which the cervical cancer screening test was performed.
- The result or finding - evidence of insufficient or absence of endocervical cells present on test or a test result of Do Not Report (DNR) means a test must be repeated.
Measure: Prenatal and Postpartum Care

We look for the date and documentation of the following care for women who delivered a live birth between November 6 of the year prior and November 5 of the measurement year:

- Prenatal Care - Members who had a live birth in the measurement year who had their first prenatal visit within 42 days of enrollment or during the first trimester.

- Postpartum Care - Members who had their post-partum visit within 21-56 days of delivery.
Measure: Frequency of Ongoing Prenatal Care

Documentation of all prenatal visits for members:

- Who delivered a live birth on or between November 6 of prior year to November 5 of the measurement year and who were continuously enrolled 42 days prior to delivery.
How Are HEDIS Results Used?

Health plans use HEDIS to:

• Measure and benchmark the plan’s performance
• Identify quality improvement initiatives to improve member care
• NCQA accreditation scoring

Others Who Use HEDIS:

• Consultants use HEDIS data to compare health plans, and
• Employer groups use HEDIS data when selecting health plans for their employees.
Anthem 1st Quarter Updates

Quality Processes and HEDIS Interventions
Anthem HEDIS Interventions

Welcome Letter and Member Outreach

Each new member receives a welcome letter and a personalized phone call to encourage completion of the Health Needs Assessment (HNA).
Anthem HEDIS Interventions

Health Needs Assessment and Member Incentive

• All new members are encouraged to complete a Health Needs Assessment (HNA) within 90 days of enrollment.

• The information obtained from the HNA allows Anthem Hoosier Healthwise and Healthy Indiana Plan to personalize a program for each individual member.

• The HNA may be completed online or by phone.

• Upon completion of the HNA, the member will receive a CVS gift card.
Anthem HEDIS Interventions

The Hoosier Healthwise and Healthy Indiana Plan Go-to Card

The Go-To Card is a wallet size card reminding members when to go to “Go-to” their Primary Medical Provider and when to “Go-to” the emergency room.

**Go to your primary medical provider (PMP) for:**
- Checkups, immunizations, annual exams, prenatal care, ear aches, colds or fevers and all other non-urgent health care needs.

**Important:** Be sure to complete an initial visit with your PMP. It’s important for you and your PMP to get to know each other and talk about your health.

**Go to the emergency room for:**
- True emergencies that can be dangerous to your health, life or body. For example, chest pains, trouble breathing, passed out, seizure, poisoning, broken bone or severe bleeding.

What if I’m not sure?
Call your PMP (even after hours) or call 24/7 NurseLine: 1-866-800-8789; TTY: 1-800-368-4424
Anthem HEDIS Interventions

Sample Outreach to Members on the Appropriate Use of Emergency Room Services

What is a medical emergency?
A medical emergency is a condition with severe symptoms that needs immediate attention. For example, chest pains, trouble breathing, passed out, seizures, poisoning, broken bone or severe bleeding.

What to do in a medical emergency
Call 911 or go to the nearest ER.

If you need help within 24 hours (urgent care)
Call your doctor or PMP (primary medical provider).

If you’re not sure, call your PMP, even after hours.

Call the 24/7 NurseLine: 1-866-960-8780
24/7 NurseLine TTY/TDD: 1-866-369-4424
You can talk with a nurse anytime.

You may be able to avoid the hassle of another trip to the ER.

Dear [Member],

Thank you for talking with us about your visit to the ER. Remember, you can call your PMP, even after hours, for medical advice. Or, if you want to talk to a nurse, you can call our 24/7 NurseLine anytime.

Your PMP is ready to take care of you, 24/7:

- If you’re not sure if you’re sick or hurt
- Can help you avoid the time and hassle of going to the emergency room
- Can help with your health care needs, even after office hours

When it comes to colds, sore throats, ear aches and headaches, you can always call your PMP. And if you need special care, there’s no better place to start than your PMP.

24/7 NurseLine: 1-866-960-8780
24/7 NurseLine TTY/TDD: 1-866-369-4424

Please see your Member Handbook to learn more about medical emergencies.

Serving theHealthyIndiana Plan
and Hoosier Healthwise

FOR PRESCRIPTION PURPOSES ONLY
Anthem HEDIS Interventions

Nurse Line

- 24/7 direct access to a nurse
- Clinical education and guidance
- After-hours support for care management programs
- Follow up with members needing 911 services
Anthem HEDIS Interventions

Indiana Tobacco Quitline

Anthem members are encouraged to learn about and participate in the Indiana Tobacco Quitline programs to achieve smoking cessation.

Quitline is a free telephone-based cessation service offered by the state of Indiana. Each Medicaid member receives:

- Four pre-arranged calls with a coach (10 calls for pregnant women).
- Unlimited website coaching, call-in privileges and access to coaches.
- Free two-week nicotine replacement therapy (NRT) starter kit.
- Stage-based support materials in accordance with where the member is in the smoking cessation process.
Anthem HEDIS Interventions

**Anthem Clinic Days**

- A specific day at providers’ offices for Anthem members
- Outreach Specialists assist the office staff with scheduling Anthem members in need of preventive care
- Outreach Specialist on-site to build relationships with our members and provide education on importance of preventive care and appropriate use of emergency room services
Anthem HEDIS Interventions

MyHealth Note

MyHealth Note focuses on member messaging and provider alerts. A MyHealth Note is sent to members who have been identified as in need of certain preventive health services. Provider alerts are sent to members’ physicians to keep them informed. In addition, MyHealth Note:

• Promotes member wellness,
• Reminds members to get regular tests and examinations,
• Provides members with potential drug interaction warnings and encourages the correct use of prescription drugs,
• Suggests ways to reduce prescription drug costs, and
• Encourages well-child visits.
Anthem HEDIS Interventions

MyHealth Note
A confidential health care summary for
Jane W. Public
May 2010

Suggestions for You (details inside)
Ask your doctor about medication to prevent migraines
Ask your doctor about a mammogram
Save money by switching from Coumadin
Exercise regularly to stay healthy

Share this report with your doctors
Serving the Healthy Indiana Plan and Hoosier Healthwise

Suggestions for You
Ask your doctor about medication to prevent migraines, too.*
Your medical and prescription claims suggest you frequently take medication to treat migraine headaches after they occur. They also suggest you are not taking a medication to prevent migraines before they start. There are medications that may stop or lessen before they happen. Call your doctor to ask if you should take a medication to prevent migraines.

Ask your doctor about a mammogram now.*
You should have had a mammogram in the past year. Women in your age group 40-74 should have a mammogram every year to lower the risk of breast cancer. Asking your doctor every year helps you receive medical care from your doctor.

Save money by switching from Coumadin, too!* Asking your doctor to switch often is a good way to pay less for prescriptions. Recently, you filled a prescription for Coumadin (Warfarin) in the generic form of Coumadin, and it was almost as effective as Coumadin. If you want to maintain your Coumadin levels, ask your doctor or pharmacist to ask your doctor to make this switch.

Exercise regularly to stay healthy, too!* Exercise is an important part of staying healthy. If you don’t exercise, start slowly, making your way up to more intense exercise. Work regularly, working up to a half hour or a few times a week. Start making your doctor or health care provider aware of your exercise routine.

Your Medical and Pharmacy Records

Based on your available records as of March 23, 2010

Prescriptions
Mar 19, 2010
Oxcarbazepine 5 mg
Mar 19, 2010
Oxcarbazepine 5 mg
Mar 20, 2010
Suhud 0.6 mg
Mar 20, 2010
Suhud 0.6 mg
Mar 20, 2010
Suhud 0.6 mg
Mar 20, 2010
Suhud 0.6 mg
Mar 20, 2010
Suhud 0.6 mg
Mar 20, 2010
Suhud 0.6 mg

Other Medical Services
Mar 20, 2010
Cardiac Pacemaker
Mar 20, 2010
Ambulatory Unit Visit
Mar 20, 2010
Hospitalization
Mar 20, 2010
Medical Equipment
Mar 20, 2010
Orthotic/Prosthetic
Mar 20, 2010
Pharmacy
Mar 20, 2010
Systolic BP
Mar 20, 2010
Diastolic BP

*Only medications and interventions that are not meet criteria are listed.

For more information or to change your doctor, call 1-888-465-7777.

More Information From Harvard Medical School
Visit http://www.anthem.com/myhealthnote and enter the number shown in it to get information on your conditions, treatments and medications.

We Can Be Reached 24/7, 365 Days a Year. Please call 1-888-465-7777.

It Pays To Be Healthy

It Pays To Be Healthy is a pilot program providing gift cards as incentives for our members who receive select health-related services. It Pays to Be Healthy initial participating counties include Lake, Porter and La Porte.

Image: It Pays to Visit Your Doctor

myhealthyvisit.com
Serving Hoosier Healthwise & Healthy Indiana Plan
Anthem Outreach Request Form

**Use of the Outreach Request Form**

1. Noncompliant
2. Health Education Classes
3. New Member Benefits Orientation
4. No-Show for appointment(s)
5. Community Resources
Anthem 1st Quarter Updates

Managed Care Model
Managed Care Model
(Assigned Primary Medical Provider)

Assigned Primary Medical Provider (PMPs)

All members must see the PMP they are assigned to in our system. Other individual practitioners must have a referral from the primary physician.

- Include the Individual (Type 1) National Provider Identifier (NPI) of the member’s assigned referring PMP when submitting CMS-1500 claim forms or EDI claims.
- If one physician is on call or covering for another, the billing provider must complete Box 17b of the CMS-1500 claim form to receive reimbursement.
- Non-contracted providers need to obtain prior authorization (PA) from Anthem before providing services to HHW and HIP members.
- Contracted providers rendering services to a member not assigned to them must have a referral from the member’s PMP even if that service does not require prior authorization.
Managed Care Model (Assigned PMP)

Exceptions

- If no PMP has been assigned to the member.
- If the provider is in the same provider group, or has the same tax ID or NPI as the referring physician, and is an approved provider type.
- Services that were provided after hours (codes 99050, 99051).
- Emergency services (services performed in place of service 23).
- OB/GYN and Family Planning services.
Managed Care Model (Assigned PMP)

Exceptions

• Diagnostic specialties such as lab and X-ray services.

• If the billing or referring physician is any of the following: A Federally Qualified Health Center, an Indian Health Provider or an Urgent Care Center.

• Self-referrals: Members may self-refer for certain services that are provided by an Indiana Health Coverage Program (IHCP) qualified provider. Please refer to the IHCP manual for a listing of self-referral services.
Anthem 1st Quarter Updates

Additional Anthem Updates
Eligibility Issues

Web interChange is always the source of truth for member eligibility. If a claim denies for eligibility when Web interChange shows member is eligible:

- Contact Provider Services.
- If Provider Services is unable to assist, utilize the dispute and appeals process.
- Submit all disputes within 60 days from the date on the Remittance Advice (RA) and all appeals 30 days from the date of the notification of adverse determination.
- If the claim remains unresolved, please submit all information (DCN, Reference Number, etc.) to IAMS@anthem.com.
Primary Medical Provider Assignment for Hoosier Healthwise and Healthy Indiana Plan Members

PMP is normally listed on Web interChange.

If member is assigned to Anthem and there is no Primary Medical Provider (PMP) listed on Web interChange, please check eligibility on MyAnthem at [www.anthem.com](http://www.anthem.com) or call Anthem Customer Service. There may be a PMP assigned that does not show on Web interChange.
St. Francis Health Network Primary Medical Providers

If a member is assigned to a St. Francis Health Network (SFHN) physician, please submit medical and vision claims to SFHN.

- All claims for family planning and behavioral health should be submitted to Anthem.

As a reminder, all physicians outside of the SFHN seeing a member assigned to a SFHN physician will require a Prior Authorization from SFHN.

- Utilize the standardized Prior Authorization Form for prior authorization.

- All disputes and appeals for members in the SFHN should be filed with SFHN.
Refunds

If you receive a letter from Anthem determining that there has been overpayment:

• If you mail back a check, utilize the refund address on the letter.

• If you wish for us to recoup the monies from a future payment, respond to the letter at the address listed requesting this. This is the fastest way to begin the recoupment process.

• If you disagree with the overpayment, submit all documentation with your dispute to the address listed on the letter.
Practice Consultants

General claim and billing questions and concerns should be directed to Customer Service at 1-866-406-6132. Unresolved claim issues can be referred to IAMS@Anthem.com.
Community Resource Centers

Hoosier Healthwise and Healthy Indiana Plan

Indianapolis  1-866-795-5440
Merrillville   1-866-724-6533
Evansville    1-866-461-3586
1st Quarter Updates for Hoosier Healthwise and Healthy Indiana Plan

What questions do you have?
Thank you for attending our 1\textsuperscript{st} Quarter Update!