First Things First
Community First Health Plans News
Provider Newsletter | Fall/Winter 2016

CFHP QUALITY IMPROVEMENT PROGRAM RESULTS

Each year, Community First Health Plans (CFHP) evaluates the outcomes of the quality improvement plan developed for the previous year. The purpose of the annual evaluation is to review and analyze the previous year's results and actions, to see where CFHP made improvements and where CFHP needs to do more work. This annual evaluatio helps CFHP move towards our goal of continuous and comprehensive pursuit of opportunities for improvement, problemresolution and delivery of the highest quality health care and services, in a safe manner.

Highlights of this year's QMIP evaluation include:

- CFHP successfully completed its first accreditation survey by the National Committee on Quality Assurance (NCQA) in October 2015. NCQA is the most widely-recognized accreditation program in the United States, which includes a comprehensive evaluation of clinical performance and consumer experience.
- Texas Health and Human Services Commission awarded a bid for administration of the STAR Kids program to CFHP. The new health plan program began November 1, 2016.

- Outreach and education efforts led to improvement in several HEDIS measures:

  o Timeliness of prenatal care and postpartum care
  o Well child visits for children and adolescents

- The number of emergency room (ER) visits and the number of potentially preventable ER visits for the Medicaid membership decreased from the previous year. In addition, the actual-to-expected ratio of potentially preventable ER visits remained below the Bexar County average for the third consecutive year.

- Overall, members are satisfied with CFHP services.

- Members who participated in CFHP programs had higher HEDIS rates for associated measures.

- The physician value-base incentive program was well received. The goal of the program is to:

  o Improve member access to preventive care, early prenatal care, generic medication utilization, and decrease preventable emergency room visits.

CFHP is transitioning its opportunities to strengths. Key goals for the future include:

- Expand the coordination between medical and behavioral health services.
- Improve member health and provider services through population management strategies that emphasize quality and safety.
- Optimize provider participation in the CFHP value-based initiatives program.

You can learn more details about CFHP's performance on measures of clinical care and member satisfaction by viewing the 2016 HEDIS and CAHPS summary in this newsletter and the more detailed findings on CFHP's secure provider web portal.

Inside

HEDIS Effectivenes of Care and CAHPS Results

HEDIS is a tool used by more than 90 percent of Americans' health plans to assess performance on a comprehensive set of standardized performance measures of important health care interventions and outcomes. The measures are designed to assist purchasers and consumers in comparing the performance of different health plans.

The current HEDIS set addresses preventive services, chronic disease management, behavioral health care, appropriateness/overuse of services and value.

Performance measurement is no longer just for health plans. Physicians are increasingly participating in performance measurement activities, especially in the context of pay-for-performance initiatives that are taking shape across the country. Measurement at all levels of the health care system is fast becoming the norm in health care.

There are two types of measures in HEDIS: (1) Effectiveness of Care and (2) the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

HEDIS Effectiveness of Care Measures – Medicaid & CHIP

Effectiveness of Care measures focus on the quality of care members received in the previous year. Measures are compiled using claims data and medical record reviews. The following chart outlines key areas where CFHP scored at or above the 50th percentile of the National Committee of Quality Assurance (NCQA) rating tables in comparison to all plans in the United States that submitted HEDIS data in 2016.

2016 HEDIS Effectiveness of Care Strenths - Medicaid & CHIP		
Quality of Care Measures	Medicaid	CHIP
Well Child Visit for 3-6 Year Olds	50th Percentile	50th Percentile
Adolescent Well Child Visits	75th Percentile	50th Percentile
Prenatal Timeliness of Care	75th Percentile	n/a
Post Partum Care	50th Percentile	n/a

Areas of strength for the Commercial and Marketplace membership in 2016 were identified in asthma and diabetes care, treatment for hypertension, post partum care and childhood immunizations.

2016 HEDIS Effectiveness of Care Opportunities - Quality of Care Measures	
Diabetes management HbA1c < 8.0, blood pressure control	Adult preventive screenings Breast, cervical and colorectal cancer screening
Follow-up after hospitalization for mental illness	Antidepressant medication management

Member Satisfaction Survey - Members Happy with CFHP

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey of member experience. It measures members' satisfaction with their care through a rating of four main categories: their health plan overall; overall health care provided; their personal doctor overall; and their specialist care overall. These measures are intended to capture information which cannot be gathered through claims and medical record reviews.

The CFHP goal for the 2016 survey was to meet or exceed the HEDIS 50th percentile in comparison to other health plans across the country. The table below provides a summary of the areas of strength in member satisfaction.

2016 CAHPS/Enrollee Survey - Strengths in Member Satisfaction			
Survey Categories	Medicaid/CHIP Child	Commercial	Marketplace
Overall Rating of Health Plan	90th Percentile	50th Percentile	50th Percentile
Overall Rating of Health Care	75th Percentile		95th Percentile
Overall Rating of Specialist	75th Percentile		95th Percentile
Overall Rating of Personal Doctor			75th Percentile

2016 CAHPS Opportunities for Improvement	
Getting needed care	Getting care quickly
How well doctors communicate with Medicaid & Commercial members	Customer service for its adult membership

The goal for CFHP is to achieve continuous improvement and delivery of quality care and service, in a safe manner, in all metrics and across all health plan products. CFHP welcome recommendations from our members, physicians and other practitioners regarding improvement strategies. CFHP will continue to evaluate internal and external opportunities to incrementally improve measures toward the HEDIS 90th national percentile.

CLINICAL GUIDELINES AND DISEASE MANAGEMENT PROGRAMS

CFHP has adopted evidence-based clinical practice guidelines developed by medical specialty societies, government agencies, voluntary health or other organizations in the areas of chronic and acute medical conditions, behavioral health and preventive services. CFHP has adopted the following clinical guidelines:

- Asthma
- Diabetes mellitus
- Prenatal care/postpartum
- Preventive health
- Immunizations, adult and pediatric
- Depression/Anti-depression treatment
- Attention deficit/Hyperactivity disorder (ADHD)
- Overweight and obesity management
- High blood cholesterol
- Hypertension
- Respiratory syncytial virus (RSV)
- Child abuse and neglect

To view the clinical guidelines adopted by CFHP in more detail, please visit www.cfhp.com/Providers/ClinicalGuidelines/. To request a paper copy, providers may mail in the Member Education Request Form to: Community First Health Plans, Inc. Network Management, 12238 Silicon Drive, Suite 100, San Antonio, Texas 78249; fax the Member Education Request Form to (210) 358-6199; or contact a CFHP Health Educator at (210) 358-6153.

Preventive Health and Disease Management area focuses on assisting members in maintaining their health and in optimally managing chronic disease conditions. It includes preventing health problems, protecting from health threats, and promoting the health of self and others. CFHP's disease and population management programs relate to conditions which are prevalent in it's key member populations. The programs include: AsthmaMatters, Diabetes in Control, and Healthy Expectations Prenatal program. The department also focuses on prevention. Primary Care Provider (PCP) / physician referrals may be made by mailing in the Member Education Request Form to: Community First Health Plans, Inc. Network Management, 12238 Silicon Drive, Suite 100, San Antonio, Texas 78249; faxing the Member Education Request Form to (210) 358-6199; or contacting a CFHP Health Educator at (210) 358-6153.

Members may enroll in the programs by completing the General Health or Disease Management survey by mail, face-to-face, or on the telephone. Contact a CFHP Health Educator at (210) 358-6153 to request a survey.

CFHP's Case Management staff is available to assist members who have a chronic health condition which requires health care services from several different providers. CFHP Case Managers work with family members, doctors, and other members of the health care team, to be sure members are getting the type and level of care needed. The CFHP Case Management staff are available to help members understand their condition, schedule planned tests and procedures, provide information about treatment options, and answer health care benefit questions.

CFHP Case Managers are able to:

- Determine member needs.
- Coordinate care with doctors and therapists.
- Develop a plan of care that is updated as often as needed.
- Assist in ordering special equipment and supplies.
- Coordinate behavioral health services.
- Initiate home health care.
- Assist with access to community programs.
- Evaluate additional needs.
- Track progress over time or changes in member's condition.

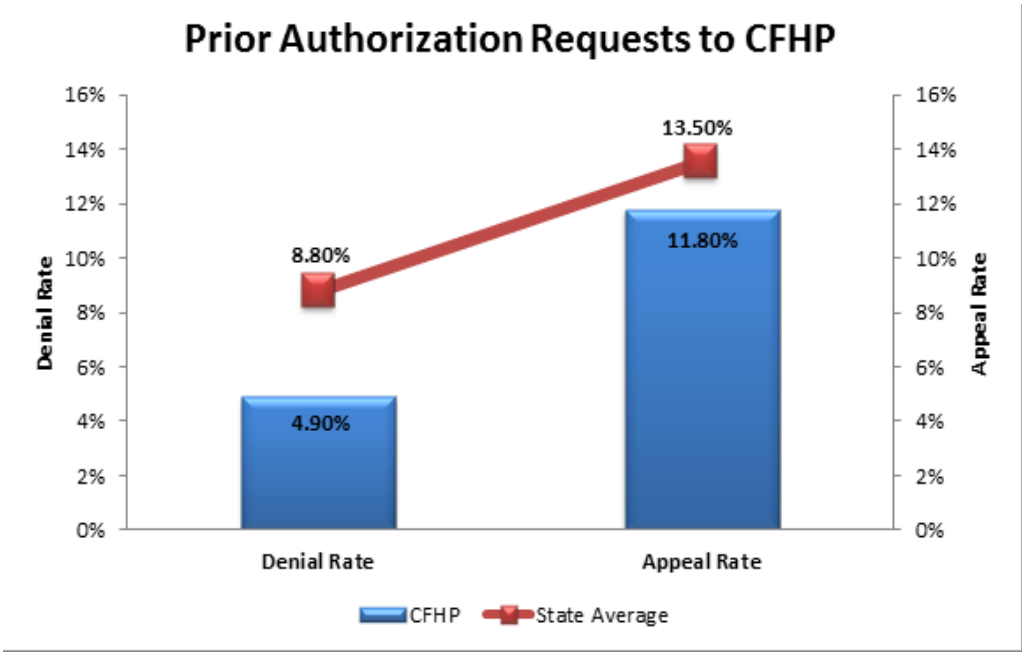
The goal of the Case Management Program is to ensure members have access to all the health care services needed in the most efficient and effective manner possible and to promote the highest quality of life

PRESCRIBER ZIKA NOTICE

On June 1, 2016, the Centers for Medicare & Medicaid Services (CMS) released an informational bulletin on Medicaid benefits available for the prevention, detection, and response to the Zika virus. The CMS bulletin allows state Medicaid programs to choose to cover mosquito repellents when prescribed by an authorized health professional and provided as a pharmacy benefit. Because there is not a vaccine to prevent the disease or medicine to treat it, it is important for women to use repellent to protect themselves and unborn babies.

CFHP AUTHORIZATION PROCEDURES

A recent preliminary report from the Texas Health and Human Services Commission indicates CFHP preauthorization processes are in line with other health plans in Texas. CFHP processes about 3,000 prior authorization requests per month. The health plan denial rate of 4.9% is below the Texas State average (8.8%), as are the appeal rates (CFHP 11.8% v. State average (13.5%). In addition, the rate of health plan reversal of initial denials indicates CFHP clinical staff and Medical Directors are following sound review processes (CFHP reversal rate 29.2% vs. State average 39%). The health plan inter-rater reliability quality audit results further validate that CFHP is following established criteria in making prior authorization decisions. This report also indicates that CFHP network providers are knowledgeable regarding the CFHP authorization guidelines and are following appropriate treatment guidelines. In accordance with quality guidelines, CFHP will continue to monitor utilization and program effectiveness to seek improvements in the quality of access, care, and service.



MEDICAID RE-ENROLLMENT REMINDER

Due to a new federal mandate, all Texas Medicaid providers must re-enroll in Texas Medicaid. Providers enrolled before January 1, 2013 must be fully re-enrolled by November 1, 2016. For more information, please visit the provider page of the TMHP website at www.tmhp.com or call 1-800-925-9126.

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PROVIDER INCENTIVE PROGRAM CONTINUES

Community First Health Plans (CFHP) would like to recognize the efforts its providers are making towards meeting CFHP's CHIP and STAR standards for Clinical Quality Measures, Member Satisfaction, increased generic prescriptions, reduced ER utilization, Patient Centered Medical Home designation, and for Medicaid prenatal and postpartum visits.

Effective January 1, 2017, CFHP will implement an updated incentive/ alternative payment program. This program is based on HEDIS 2018 technical specifications.

For more information about this incentive program, please contact Christine Hollis at (210) 358-6145 or chollis@cfhp.com.

PCPs: Can qualify for **UP TO $3.00 PER MEMBER PER MONTH** if they show improvement for their member panels in the following measures:

$3 pmpm

- Quality Measures : Well child exams and immunizations, and , and Patient Centered \ Medical Home designation
- A ppropriate Utilization: ER visits and generic Rx utilization
- Customer Service / Member Satisfaction / MemberMember Choice of PCP

PRENATAL PROVIDERS: Can qualify for **UP TO $60 MORE PER MEMBER** for delivering the following services if they show improvement for their members in the following measures:

$15

- Timely Prenatal visit: Within the first trimester or within 42 days of enrollment
- Timely Postpartum visit (within 21st to 56th day after delivery)
- Enrollment of member in CFHP Healthy Expectations Prenatal Program

UTILIZATION MANAGEMENT PROCESS

Community First Health Plans (CFHP) does not reward practitioners, providers, or employees who perform utilization reviews, including those of any delegated entity, for issuing denials of coverage or care. Utilization Management decision making is based only on appropriateness of care, service, and existence of coverage. Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization. Utilization denials are based on lack of medical necessity or lack of covered benefit.

CFHP has a utilization and claims management system in place in order to identify, track, and monitor the care provided and to ensure appropriate healthcare is provided to our Members.

CFHP has implemented the following measures to ensure appropriate utilization of health care:

- A process to monitor for under and overutilization of services and take the appropriate intervention when identified.
- A system in place to support the analysis of utilization statistics, identification of potential quality of care issues, implementation of intervention plans and evaluation of the effectiveness of the actions taken.
- A process to support continuity of care across the health care continuum.

PHARMACY CORNER

Where to Find Answers to Drug Benefits

Comprehensive information about Community First Health Plans' (CFHP) pharmacy benefit program is available through the secure Member Portal. CFHP uses Navitus Health Solutions as its Pharmacy Benefit Manager (PBM). The Navitus member portal is available at, https://www.navitus.com/Home-Pages/members-home.aspx. The following information is available from the PBM:

- Covered drug lists and other formulary information.
- Updates to the formulary.
- Prior authorization forms.
- How to request a formulary exception.
- A list of in-network pharmacies and specialty pharmacies.

Texas Medicaid Vendor Drug Program Preferred Drug List (PDL)

The Texas Medicaid STAR/CHIP Managed Care formulary is defined by the Texas Vendor Drug Program (VDP). The VDP publishes a preferred drug list (PDL) every January and July. This list contains all covered medications and requirements for using a non-preferred medication. Please visit, http://www.txvendordrug.com/formulary/preferred-drugs.shtml for the most updated version of the preferred drug list.

To obtain a paper copy of the formulary, please contact CFHP Clinical Pharmacy Services at (210) 358-6402.

2016-2017 Flu Season

CFHP makes prevention easy this flu season. The flu shot is free for all CFHP members.
Eligible members:
≥ 6 months of age are encouraged
to receive their annual influenza vaccinations.

Commercial and Medicaid members:

- ≥ 18 years of age may receive their flu shot at no cost at any in-network provider or at the following participating local pharmacies: Target, Walgreens, HEB, Wal-Mart and CVS.
- Commercial members younger than 18 years of age may also receive a flu shot from an in-network provider or at the pharmacy chains listed above.
- Medicaid members younger than 18 years of age may only receive their influenza vaccination at participating in-network providers enrolled in the Vaccine for Children (VFC) program.

DIABETIC EYE EXAM (RETINAL) CODING

The following billing requirements for the diabetic eye exam (retinal) meet the Healthcare Effectiveness Data and Information Set (HEDIS©) Technical Specifications for Health Plan requirements and support standards set forth by the American Diabetes Association. A screening exam for diabetic retinal disease is identified by claims data. This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an optometrist or ophthalmologist in the year prior to the measurement year.

Any of the following meet criteria:

Description	CPT Code	HCPCS
Any code in the Diabetic Retinal Screening Value Set billed by an optometrist or ophthalmologist during the measurement year.	67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245	S0620, S0621, S3000
Any code in the Diabetic Retinal Screening Value Set billed by an optometrist or ophthalmologist during the year prior to the measurement year, with a negative result (negative for retinopathy).	67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245	S0620, S0621, S3000
Any code in the Diabetic Retinal Screening With Eye Care Professional Value Set billed by any provider type during the measurement year.	2022F, 2024F, 2026F	S0625
Any code in the Diabetic Retinal Screening With Eye Care Professional Value Set billed by any provider type during the year prior to the measurement year, with a negative result (negative for retinopathy).	2022F, 2024F, 2026F	S0625

It is important to use these codes to be in compliance with National Committee for Quality Assurance (NCQA) requirements for HEDIS© technical specifications.