

PROVIDER NEWSLETTER

MARCH 2019

What's New!

Star Light, Star Bright

This month's newsletter will shine a spotlight on our Coverage Appeals teams and the Star rating measures they impact.

What do Coverage Appeals have to do with Star Ratings?

Our Star Rating is directly affected by the plans ability to review and process appeals in a timely manner. Our Coverage Appeals team makes sure that beneficiaries and out-of-network providers are receiving timely responses when they have made an appeal request to our plan about a refusal of payment, treatment or service of any kind. Not

only do these appeals need to be processed in a timely matter but our health plans decision to deny an appeal must be reviewed as fair by the Independent Review Entity (IRE).

The Coverage Appeals measures are handled by two teams, Pharmacy and Medical. Medical appeals involve services that are covered by the medical benefits such as images, PT visits, inpatient stays, etc. and Pharmacy appeals involve medications or products that are covered by the pharmacy benefit and usually dispensed by a pharmacy.

There are 4 Star Rating measures related to timeliness and decision accuracy of appeals! Our 2019 Star Ratings goal is to achieve a min-

imum of 4 stars in each measure of Coverage Appeals and, with your help, we can make our Coverage Appeals Star ratings shine bright!

Refer to our online Provider Manual(s) for additional information:

Steward Health Choice Arizona Chapter 15 *Claim Disputes, Member Appeals, and Member Grievances*

<https://www.stewardhealthchoiceaz.com/providers/provider-manual/>

Steward Health Choice Generations Chapter 9 *Grievance, Appeals, Claim Resubmissions and Reconsiderations*

<https://www.stewardhcgenerations.org/az/providers/provider-information/> ■

We're Here to Help!

Tips & Tricks – Heart Failure

Heart failure is a common and serious clinical syndrome that results from multiple diseases. If not managed properly, chronic heart failure can lead to acute decompensation and hospitalization. This not only burdens the patient but their families and care takers resulting in an over-all decrease in quality of life.

Heart Failure is considered a chronic condition, one that does not resolve but rather can be controlled. You should diagnose heart failure yearly even if your patient is asymptomatic on or off treatment.

Appropriate management of heart failure can improve quality of life and decrease hospitalization.

Specificity counts when coding for heart failure.

Heart Failure Diagnosis Codes I50.- Heart Failure

The 4th digit specifies type

- I50.2- Systolic
- I50.3- Diastolic
- I50.4- Systolic & diastolic
- I50.9- Unspecified

The 5th digit denotes chronicity

- 1 - Acute
- 2 - Chronic
- 3 - Acute on Chronic

Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified health care practitioner and the best interests of the patient. ICD-10-CM, CPT and HCPCS are the authoritative referenced for purposes of assigning diagnoses and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charged and modifiers for services rendered. ■



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Did You Know?

Medicare Health Outcomes Survey (HOS)

The Medicare Health Outcomes Survey (HOS) is an assessment of a Medicare Advantage Organization's ability to maintain or improve the physical and mental health functioning of its Medicare beneficiaries over a two-year period of time. It is a longitudinal survey administered each spring to a random sample of members from eligible organizations. The same group of members is resurveyed after two years. HOS comprises several components. At its core is a set of questions known as the Veterans RAND 12 Item Health Survey (VR-12), which evaluates physical and mental health using Physical Component Summary and Mental Component Summary scores. HOS also includes questions addressing important problems associated with poor physical and mental functioning in the elderly, called "effectiveness of care" items (e.g., urinary incontinence, lack of physical activity, falls risk, poor bone health). Additional HOS questions relate to chronic conditions, activities of daily living and sociodemographic information.

Maintaining health and functioning is a major goal in providing care to older adults in the United States. Medicare Advantage organizations currently enroll 45 percent (21.9 million) of the 48 million people in Medicare, a proportion that more than doubled between 2010 and 2018. Gaps in quality of care have long been identified in this population, and it is widely acknowledged

that improvements in clinical management could lead to better functional health outcomes for organization members (Bierman et al., 2001). The importance of measuring and improving functional outcomes in this population has been recognized since the 1990's (IOM, 2001).

Physical inactivity is widely known as an independent risk factor for a range of chronic diseases and conditions that threaten the health of the nation, but only a small proportion of the population currently meets recommended levels of physical activity. Older adults are at risk for leading sedentary lifestyles (King, 2001; Evans, 1999). Most older adults suffer from at least one chronic condition for which there is a clinical guideline recommending physicians to counsel patients to exercise (AHRQ, 2002). Physical activity is positively related to physical and mental functioning for the general adult population (Bize et al., 2007). Physical activity studies suggest that interventions combining different strategies (e.g., counseling and aerobic or other structured physical activities) affect functional outcomes more effectively and more dramatically in elderly and frail sedentary patients (Kelley et al., 2009). One study showed that patients with cardiac, respiratory and gastrointestinal disease who received an individualized program of exercise strategies demonstrated moderate changes in physical health scores on the Health Outcomes Survey (as measured by the Physical Component Summary score) and fewer emergency hospital readmissions (Courtney et al., 2009).

Best Practices for Improving or Maintaining Physical & Mental Health

Ask patients the following questions at every visit:

- What is their level of physical activity
- Do they exercise regularly
- Encourage patients to start, increase or maintain their level of exercise or physical activity; some suggestions may include: start taking stairs, increase walking to 20 min/day, etc.
- Utilize appropriate educational materials and suggest community resources, such as gyms or fitness programs, as applicable
- Referral to physical therapy so patients with limited mobility can learn safe and effective exercises
- Behavior change-focused weight management program, as appropriate
- Include in After Visit Summary material language similar to:
 - Staying active is important at any age. Understanding your current exercise routine will allow us to make recommendations to help you increase your level of activity.

Tables 1 and 2 detail the survey items used to calculate HOS Physical Component Summary and Mental Component Summary scores in the Star Ratings components.

TABLE 1:
Improving or Maintaining Physical Health (Physical Component Summary Score)

Q1. General Health	Q2. Physical Functioning	Q3. Role—Physical	Q5. Bodily Pain
In general, would you say your health is:	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? b. Climbing several flights of stairs?	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? a. Accomplished less than you would like? b. Were limited in the kind of work or other activities?	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

TABLE 2:
Improving or Maintaining Mental Health (Mental Component Summary Score)

Q4. Role—Emotional	Q6. Vitality & Mental Health	Q7. Social Functioning
<p>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</p> <ul style="list-style-type: none"> a. Accomplished less than you would like? b. Didn't do work or other activities as carefully as usual? 	<p>How much of the time during the past 4 weeks:</p> <ul style="list-style-type: none"> a. Have you felt calm and peaceful? b. Did you have a lot of energy? c. Have you felt downhearted and blue? 	<p>During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?</p>

There are six main categories of actual health outcomes used in the performance measurement analysis:

1. Alive and physical health better;
2. Alive and physical health the same;
3. Dead or physical health worse;
4. Mental health better;
5. Mental health the same; and
6. Mental health worse

REFERENCES

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Steward Health Choice Arizona Workforce Development & Clinical Training Team

Steward Health Choice Arizona and We Care Northern Arizona (NAZ) Partnership:

SHCA has recently joined in partnership with We Care NAZ, a suicide prevention initiative that hosts monthly meetings, radio advertisements (i.e., NACA REACH UR LIFE), and other community events.

Stay on the lookout for upcoming event details in our monthly Provider Newsletters!

Mental Health First Aid (MHFA) Initiative:

SHCA has partnered with the Northern Arizona Regional Behavioral Health Authority (NARBHA) institute to support and promote their MHFA initiative of reaching/teaching 50,000 NAZ members in the next 5-years.

SHCA will serve as a hub to bring together trainers from across the state to:

- Create a training network in NAZ
- Document and track trainings Document pre and posttest mental health opinions from participants for data collection
- Train new youth and adult MHFA instructors
- Open training rooms for instructors Explore and review options for funding books and other needed materials
- Provide ongoing trainings for trainers to better master skills, competency, and increase confidence/delivery of material

Workforce Development and Clinical Training Calendar of Events:

Each event/training opportunity is held at the location as indicated within the calendar. To registry by Eventbrite: <https://www.eventbrite.com/>

Steward Health Choice onsite trainings are held at our Steward Flagstaff Operations center: 1300 S. Yale St., Flagstaff, AZ 86001

Training requests or questions?

Please send to: Amanda.Steavenson@steward.org ■

Provider Online Resources

Our team brings an open vision to Arizona. We believe that those who provide care should be the leaders in creating and constructing new, better and less invasive mechanisms for the delivery of the care they provide. We are provider-owned and we understand both the rewards and difficulties of managed care and health plan/provider relationships.

Steward Health Choice Arizona:
www.StewardHealthChoiceAZ.com

Steward Health Choice Generations:
www.StewardHCGenerations.org

Visit us online for provider specific resources!

- Provider Portal Access
- Provider Manual(s)
- Prior Authorization
- Provider Notices/Announcements
- Provider Newsletters

To help you and your staff stay informed and help address any questions about Steward Health Choice, we have established the following support services:

- Provider Services call center
 - 1-800-322-8670
 - Open Monday - Friday 6:00 AM - 6:00 PM

Members can also access additional resources by visiting us online

- Health plan benefits
- Providers in network
- FAQs
- Programs and information about Steward Health Choice ■



Has any of your information changed?

We like to keep our records up to date! Please contact your Network Provider Performance Representative if you have changes to your roster, address, and fax or phone number.* ■

Sleep Studies

In an effort to improve access to appropriate care, Steward Health Choice has contracted with providers who offer home sleep studies with Board Certified Sleep Study Physicians. This service is available through our prior authorization process for members who have a high risk of obstructive sleep apnea without co-morbid conditions that would compromise the accuracy of the home sleep study.

Laboratory sleep studies are available through our prior authorization process for members with co-morbid conditions related to cardiac, pulmonary, neuromuscular or complex sleep disorder conditions along with any condition that prohibits an accurate home sleep study. ■



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