

Please share  
our news.

This newsletter is designed to communicate pertinent health plan information to contracted health care administrative staff as well as medical staff. So, if you are the office person receiving our newsletter, PLEASE share this newsletter with everyone in your office. If you would like us to send you additional paper copies or an electronic copy to make routing easier, please contact the newsletter editor at 920-617-6305 or email:  
GBNetworkDevelopmentDept  
@AriseHealthPlan.com

TTY/TDD users may contact us at 920-347-9390 (local) or 1-888-332-0144 (toll free).



HMO/POS Commercial Products

## Pediatric Vision Management

Due to the Affordable Care Act (ACA) vision benefits are changing for **some** Arise Members. This mainly includes individuals who purchase their own insurance or work for small employers with fewer than 50 employees. The benefit is limited to pediatric vision care for those who are under age 19. If such product is purchased, the benefits are as follows: **Arise will cover either prescription eyeglasses or contact lenses**

### Lenses

Coverage is limited to one pair of single vision, conventional bifocal, or conventional trifocal lenses per Calendar Year (1/1 through 12/31). Replacement lenses are not covered.

### Frames

Coverage is limited to one pair of frames from a selection of covered frames per Calendar Year. Replacement frames are not covered.

### Contact Lenses

Coverage is limited to six pairs of contact lenses from a selection of covered lenses every three months. Contact lenses are provided in lieu of eyeglasses.

### Other lens options and treatments

Other lens options and treatments will only be covered if determined to be Medically Necessary.

**A Pre-Service Authorization** is required for these services:

Contact lenses for these conditions:

1. Keratoconus;
2. Pathological myopia;
3. Aphakia;
4. Anisometropia;
5. Aniseiknoia;
6. Aniridia;
7. Corneal disorders;
8. Post-traumatic disorders; and
9. Irregular astigmatism.

B. Low vision services including:

1. One (1) comprehensive low vision evaluation every five (5) years;
2. Low vision aids, including only the following:
  - a. Spectacles;
  - b. Magnifiers;
  - c. Telescopes
3. Follow-up care of four (4) visits in any five-year period.

C. The following lens options and treatments:

1. Ultraviolet protective coating;
2. Blended segment lenses;
3. Intermediate vision lenses;
4. Standard progressives;
5. Premium progressives;
6. Photochromic glass lenses;
7. Plastic photosensitive lenses;
8. Polarized lenses;
9. Standard anti-reflective coating;
10. Premium anti-reflective coating;
11. Ultra anti-reflective coating; and
12. Hi-index lenses.

Effective 1/1/14, Arise has contracted with **Classic Optical Laboratories, Inc.**, to provide Covered eyeglasses, eyeglass component parts, and contact lenses to Arise Members who have a vision hardware benefit.

A selection of frames can be viewed and purchased for display at [www.classicoptical.com](http://www.classicoptical.com). This expense is not reimbursed by Arise. Please call Classic Optical Laboratory at (888) 522-2020 for additional frame information.

Through the Classic Optical Laboratories [web site](#), Providers can also place and track orders for covered eyeglasses, verify frame availability and changes to selection. When ordering online, Classic Optical's *smart* ordering form will only allow covered materials and frames to be ordered.

To access these online options, providers are required to have a username and password that can be requested in one of two ways:

- Complete and submit a request form online. To access the request form online, click the "new user" click for login" link in the Login box.
- Call Classic Optical Laboratories, Inc., at (888) 522-2020 during regular business hours (8 a.m. - 6 p.m. CST, Monday through Friday).

Orders for contact lens purchase must be submitted via fax at (888) 522-2022. Orders for eyeglasses may also be placed via fax.

**Eyeglasses, eyeglass component parts and contact lens (in lieu of eyeglasses) not provided by the Arise contracted vendor, will not be reimbursed by Arise without Prior Authorization. Provider cannot bill the member without prior written acknowledgement and consent of the member.**

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## Pharyngitis Treatment

We appreciate the contributions of all of our network providers towards improving the quality of care for patients, and have been evaluating how we care for children with pharyngitis.

At Arise Health Plan, we strive to provide exceptional quality of care to our members. We have received a commendable accreditation by NCQA, the organization who evaluates the quality of service provided by health insurance plans. NCQA's accreditation process requires that we measure the quality of care provided to our patients. This includes measurement of whether our providers perform a test for strep throat before initiating antibiotics for pharyngitis.

Our 2013HEDIS score for Appropriate Testing for Children with Pharyngitis in 2012 was 55% for children who had testing before starting antibiotics for strep. This means that 45% of Arise Health Plan patients may have received unnecessary antibiotics.

If you routinely treat pharyngitis without testing, we would like to encourage you to review recent literature on pharyngitis and consider changing your practice. Practice guidelines from the CDC, AAP, and IDSA agree that children should be tested for strep throat, and have a positive rapid strep screen or throat culture before beginning antibiotics. If you are supervising other providers we would encourage them to change their practice as well.

The primary purpose of this article is to try to avoid unnecessary antibiotic use in children. As a health plan, we would rather pay a claim for judiciously performed strep testing, than to subject our pediatric members to unnecessary antibiotic.

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# Evidence Based Medical Decision Making Tools

It is necessary for Arise Health Plan to make daily determinations on behalf of our members, your patients. Many times these decisions are straight forward, and agree with the provider's plan of care. Occasionally however, the opposite is true. It may seem to you that these decisions are incongruent with the daily practice of medicine. The decisions made by Arise Health Plan are based upon **evidence** based medical research and literature. Many payers, including Arise, utilize the services of vendors who provide this information for us. Many of the resources Arise uses are free and available to anyone with an internet connection. What follows is a list and description of some, but not all, of the resources used by Arise in the evidence based decision making process.

## **Hayes, Inc.**

Hayes, Inc. is an independent health technology research and consulting company dedicated to promoting better health outcomes. Hayes performs unbiased, evidence-based healthcare technology assessments of the safety and efficacy of new, emerging, and controversial health technologies and evaluates the impact of these technologies on healthcare quality, utilization, and cost. Hayes' worldwide clients include hospitals, healthcare systems, government agencies, employers, and managed care organizations.

The most valuable and most used tool offered by Hayes is the Health Technology Assessment (HTA). These reports provide critical appraisal of the published evidence regarding the safety, efficacy, and clinical impact of a particular healthcare technology, such as a medical device, pharmaceutical or therapeutic intervention, diagnostic or screening test, or preventive strategy. Where applicable, the technology is compared with conventional standards of care and other alternate or competing technologies. The goal of HTA is to facilitate evidence-based decision making, which in turn improves the quality and cost-effectiveness of healthcare.

## **MCG (formerly Milliman Care Guidelines)**

MCG® are annually updated, evidence-based clinical guidelines that span the continuum of care, including

chronic care and behavioral health management. Providing much more than authorization criteria, they drive high-quality care through such tools as care pathway tables, flagged quality measures, and integrated medical evidence.

The Milliman team of doctors, nurses, and other clinicians has reviewed more than 100,000 abstracts, articles, and other sources of evidence. They use the findings to build evidence-based authorization criteria, care pathways, and other care management tools. These decision-support resources enable payers, care providers, and facilities to efficiently and consistently make care decisions grounded in rigorous, up-to-date research.

## **Apollo Managed Care Guidelines**

Apollo has been a publisher of review criteria and clinical guidelines since 1989. Apollo criteria are currently in use by commercial and senior health plans, hospitals, medical groups, medical schools, VA hospitals, U.S. military, and others in every U.S. State. The Utilization Review Accreditation Commission (URAC) recently has specifically approved the use of Apollo criteria. Apollo guidelines are also used in one or more countries in every continent except Antarctica.

Contributors to the development process of Apollo Managed Care Guidelines include many health plans and other entities that use Apollo criteria. All Apollo criteria and clinical guidelines are evidence-based and supported by extensive current references in the peer-reviewed literature. Criteria are reviewed and updated at least annually. The date of the most recent update or revision is listed following each topic. The peer reviewed literature is continuously scanned for new information that pertains to Apollo criteria.

## **National Guideline Clearinghouse**

The National Guideline Clearinghouse (NGC) is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans.

The NGC mission is to provide physicians and other health professionals, health care providers, health plans, integrated delivery systems, purchasers, and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use.

### **National Comprehensive Cancer Network**

The National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology, the recognized standard for clinical policy in oncology, are the most comprehensive and most frequently updated clinical practice guidelines available in any area of medicine. Covering 97 percent of all patients with cancer and updated on a continual basis, the NCCN Guidelines™ are developed through an explicit review of the evidence integrated with expert medical judgment by multidisciplinary panels from NCCN member institutions. Specific treatment recommendations are implemented through performance measurement. NCCN Guidelines Panels address cancer detection, prevention and risk reduction, workup and diagnosis, treatment and supportive care. NCCN Guidelines™ have become the most widely used guidelines in oncology practice and have been requested by cancer care professionals in more than 115 countries.

### **BlueCross BlueShield Technology Evaluation Center**

Founded in 1985 by the Blue Cross and Blue Shield Association, the Technology Evaluation Center (TEC) pioneered the development of scientific criteria for assessing medical technologies through comprehensive reviews of clinical evidence. Since its inception, TEC has been recognized for leadership in producing evidence-based technology assessments.

Each TEC Assessment is a comprehensive evaluation of the clinical effectiveness and appropriateness of a given medical procedure, device or drug. TEC provides healthcare decision makers with timely, rigorous and credible information on clinical effectiveness. TEC serves a wide range of clients in both the private and public sectors, including Kaiser Permanente and the Centers for Medicare and Medicaid Services (CMS).

### **The Cochrane Library**

The Cochrane Collaboration, established in 1993, is an international network of people helping healthcare providers, policy makers, patients, their advocates and caretakers, make well-informed decisions about human health care by preparing, updating and promoting the accessibility of Cochrane Reviews published online in The Cochrane Library.

Cochrane Reviews are unique because they are both produced by, and are relevant to, everyone interested in the effects of health care. Based on the best available evidence, practitioners can find out if an intervention is effective in a specific clinical context. Patients and other healthcare consumers can assess the potential risks and benefits of their treatment. Payers can assess long term efficacy and safety of new technology.

The above is just a sampling of the resources that are used by Arise Health Plan on almost a daily basis to aid in the decision making process. Others not addressed in detail include; the California Technology Assessment Forum, Canadian Agency for Drugs and Technology in Health, New Zealand Health Technology Assessment, Family Practice Notebook, and UpToDate, Inc. just to name a few. Though it may seem that decisions are made by a spin of the bottle, or raising a finger into the wind to check direction, nothing could be further from the **evidence**.

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## **Arise Health Plan's Quality Improvement Program Measures Up**

Arise Health Plan (AHP) annually reviews and evaluates our Quality Improvement (QI) Program and develops a QI Work Plan that helps us to continually improve the quality of care given by our contracted providers. AHP's QI program & work plan includes both clinical and quality service initiatives. To evaluate program effectiveness AHP uses Healthcare Effectiveness Data & Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers Systems (CAHPS®). HEDIS® is developed and maintained by the National Committee for Quality Assurance (NCQA), a non-profit health care quality organization. Our goal is to exceed the 90<sup>th</sup> percentile

nationally based on NCQA's Quality Compass®. Many HEDIS® and CAHPS® measures exceeded the national average this year. Detailed results of the HEDIS® and CAHPS® measures can be viewed at [www.wecareforwisconsin.com/quality](http://www.wecareforwisconsin.com/quality).

Even though many of our HEDIS scores exceed the national average, we still have room for improvement. For example, diabetic measures such as kidney monitoring and retinal eye exams declined over the past year, as did appropriate testing for children with pharyngitis. Arise Health Plan exceeded the national percentile on the majority of our CAHPS® measures of member satisfaction. We improved regarding members rating their personal doctor's explanation as easy to understand, showing respect for what the member had to say, and spending enough time with the member. We would like to thank our practitioners for the hard work and dedication that they provide for our members.

**A printed copy of this information is available upon request.**

<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

<sup>2</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

<sup>3</sup> The source for data contacted in this publication is Quality Compass® and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

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## Blood Pressure Reminder

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, known as JNC7, states that the goal for blood pressure is < 140/90. For patients with diabetes or chronic kidney disease, the goal is < 130/80. The current HEDIS measure for high blood pressure is also consistent with JNC7 at <140/90.

Per JNC7, the accurate measurement of blood pressure is an essential element for successful management of these patients. The person should be seated for at least 5 minutes in a chair with feet on the floor and his or her arm supported at heart level. Every year, Arise Health Plan reviews the charts of patients who have hypertension to determine blood pressure control rates as part of our HEDIS (Healthcare Effectiveness Data and Information Set) review. Our 2013 HEDIS rate for controlling blood pressure

was 52%, which is down from our 2012 rate of 73.48%, so there is opportunity for improvement. This year during the chart review process, reviewers noted a couple of things. Many members with high blood pressure at their appointment were not instructed to return to the office on a later date to have their blood pressure retaken. This is necessary to confirm the elevated measurement and to see if lifestyle modification or medication has made a difference in their hypertension. Also, very few blood pressure retakes were done at the same appointment on those patients with a blood pressure ≥140/90 on the first reading. As you know, many factors can affect blood pressure. The patient may not have been rested for at least 5 minutes prior to the initial reading or may have been anxious about the exam. Therefore we encourage providers to repeat a blood pressure later or at the end of an exam if the blood pressure is ≥140/90 on the first reading.

## Council on Chiropractic Guidelines and Practice Parameters (CCGPP)

The CCGPP's mission is to provide consistent and widely adopted chiropractic practice information, to perpetually distribute and update this data, as is necessary, so that consumers and others have reliable information on which to base informed health care decisions.

CCGPP was also delegated to examine all existing guidelines, parameters, protocols and best practices in the United States and other nations with a chiropractic lens. Participation and process has been as transparent as possible and a major goal is to represent a diverse cross-section of the profession on the projects that CCGPP has been involved in.

CCGPP researches and rates evidence, which is compiled in a summary document for the chiropractic profession and other related stakeholders. The information contained in the eight clinical chapters covered in this project is a literature synthesis. A literature synthesis is an academically rigorous analysis of all the available scientific literature on a specific topic.

Reviewers use internationally accepted tools to rate each article according to specific criteria. These include the type of study (randomized controlled trial, case series, etc.), the quality of the study, size of the study and many other factors which influence the credibility and strength of the study's conclusions. Each reviewer independently rates all the available articles, and the ratings are compared among the members of the review team. When there is disagreement among the reviewers regarding the conclusions, a formal consensus process is followed to arrive at an overall conclusion upon which all reviewers can agree. The resulting conclusions do not represent the reviewers' own beliefs but rather what the literature actually supports.

A literature synthesis is a starting point. It indicates only what we can conclude with supportable, scientific evidence. Appropriate therapeutic approaches will consider the literature synthesis as well as clinical experience, coupled with patient preferences in determining the most appropriate course of care for a specific patient.