Medicaid Health Plan 101

(What you always wondered, but never asked)

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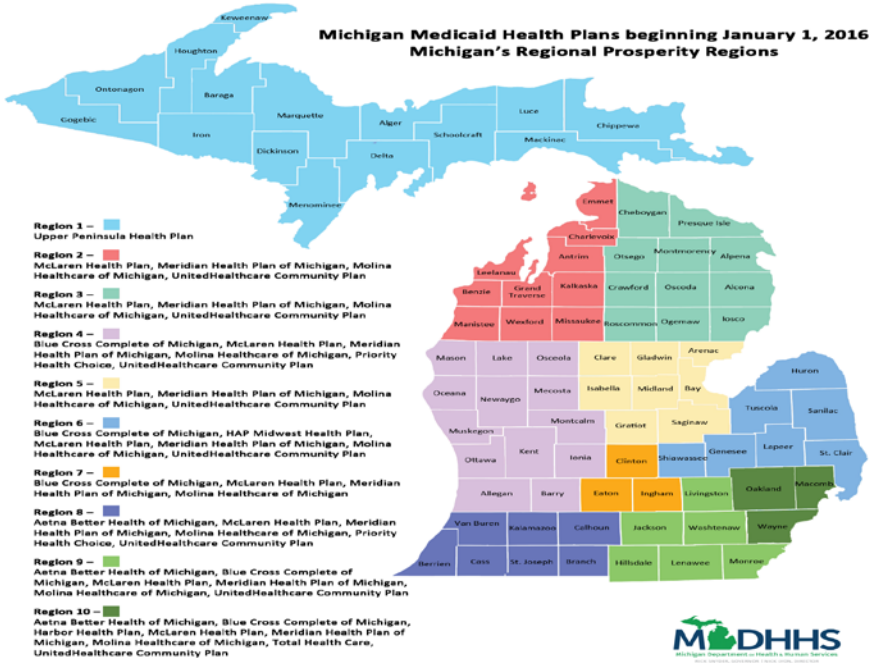
Locations of Medicaid Health Plans

- There are currently 11 Medicaid Health Plans within the State, and each of the plans service particular prosperity regions which are groups of counties:



Characteristics of Medicaid Health Plans

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- The information in the following slides is from the standard contract template between the State of Michigan and the Medicaid Health Plans in the State.

- Medicaid Health Plans are contracted with the State to provide a set of mutually agreed upon services. The current contract began on January 1. 2016 and expires on December 31st 2020.

- The following populations **must** enroll in a Medicaid Health Plan: Children in foster care; Families with children receiving assistance under the Financial Independence Program (FIP); Persons enrolled in Children's Special Health Care Services (CSHCS); Persons under age 21 who are receiving Medicaid; Persons Enrolled in the MIChild Program; Persons receiving Medicaid for the aged; Persons receiving Medicaid for the blind or disabled; Persons receiving Medicaid for caretaker relatives and families with dependent children who do not receive FIP; Pregnant women; Medicaid eligible persons enrolled under the Healthy Michigan Plan; Supplemental Security Income (SSI) Beneficiaries who do not receive Medicare.

- The following populations **may** enroll in a Medicaid Health Plan: Migrants; Native Americans; Persons with both Medicare and Medicaid eligibility.

Characteristics of Medicaid Health Plans

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- The following populations **are excluded** from enrollment in a Medicaid Health Plan: Children in Child Care Institutions; Deductible clients (also known as Spenddown); Persons without full Medicaid coverage; Persons with Medicaid who reside in an Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/ID) or a State psychiatric hospital; Persons receiving long-term care (custodial care) in a nursing facility; Persons authorized to receive private duty nursing services; Persons being served under the Home & Community Based Elderly Waiver; Persons with commercial HMO/PPO coverage; Persons in PACE (Program for All-inclusive Care for the Elderly); Persons in the Refugee Assistance Program; Persons in the Repatriate Assistance Program; Persons in the Traumatic Brain Injury program; Persons diagnosed with inherited disease of metabolism who are authorized to receive metabolic formula; Persons dis-enrolled due to Special Disenrollment or Medical Exception for the time period covered by the Disenrollment or Medical Exception; Persons residing in a nursing home or enrolled in a hospice program on the effective date of enrollment in the Contractor's plan; Persons incarcerated in a city, county, State, or federal correctional facility; Persons participating in the MI Health Link Demonstration.

Characteristics of Medicaid Health Plans

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- MDHHS contracts with an Enrollment Services Contractor to contact and educate Medicaid beneficiaries regarding managed care and assist beneficiaries to enroll, disenroll, and change enrollment with their health plan.
- MDHHS holds the contract with the Enrollment Services Contractor. The Medicaid Health Plan must work with the Enrollment Services Contractor as directed by MDHHS.
- Enrollment files are sent monthly to the Medicaid Health Plans by the State.
- Beneficiaries who do **NOT** select a health plan within the allotted time period are automatically assigned to a Medicaid Health Plan based on the plan's capacity to accept new Enrollees and performance in areas specified by MDHHS (e.g., quality metrics).
- MDHHS will automatically assign a larger proportion of beneficiaries to the highest performing Medicaid Health Plans. Members of a family unit will be assigned together whenever possible.

Characteristics of Medicaid Health Plans

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Enrollment Lock-In and Open Enrollment for Enrollees in Counties Not Covered by Exceptions:

- Enrollment with the Medicaid Health Plan is for a period of 12 months.
- Sixty Days prior to each Enrollee's annual open enrollment period, MDHHS will notify Enrollees of their right to disenroll with their current Health Plan and reenroll with another Health Plan.
- Enrollees will be provided with an opportunity to select any Health Plan approved for their county of residence during the annual open enrollment period.
- Enrollees will be notified that inaction during open enrollment will retain their current Health Plan enrollment.

Characteristics of Medicaid Health Plans

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- Enrollees who choose to remain with the same Health Plan will be deemed to have had their opportunity for disenrollment without cause and declined that opportunity until the next open enrollment period.
- New Enrollees or Enrollees who change from one Health Plan to another will have 90 Days from the enrollment begin date with the Health Plan or during the 90 days following notification of enrollment, whichever is later, to change Health Plans without cause.
- All enrollment changes will be approved and implemented by MDHHS, effective the next available calendar month.
- Enrollees disenrolled from the Health Plan due to loss of Medicaid eligibility or other action will be prospectively reenrolled to the same Health Plan automatically, provided eligibility is regained within two months.

Characteristics of Medicaid Health Plans

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- Health Plan must ensure Enrollees have access to emergency and Urgent Care Services 24 hours per day, 7 days per week. All PCPs within the network must have information on this system and reinforce with their Enrollees the appropriate use of the health care delivery system.

- Health Plan must require that physician office visits be available during regular and scheduled office hours.

- Health Plan must ensure that Enrollees have access to evening and weekend hours of operation in addition to scheduled daytime hours.

- Health Plan must ensure that Network Providers offer hours of operation that are no less than the hours of operation offered to commercial Enrollees, or hours of operation comparable to Medicaid FFS, if the Provider serves only Medicaid Enrollees.

- Health Plan must make available direct contact with a qualified clinical staff person through a toll-free telephone number at all times, 24 hours per day, 7 days per week.

Characteristics of Medicaid Health Plans

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- The PCP is responsible for supervising, coordinating, and providing primary care, initiating referrals for specialty care, maintaining continuity of each Enrollee's health care, and maintaining the Enrollee's medical record, which includes documentation of all services provided by the PCP as well as any specialty or referral services for each assigned Enrollee.

- A PCP may be any of the following: family practice physician, general practice physician, internal medicine physician, OB/GYN specialist, pediatric physician, nurse practitioners, physician assistants, and other physician specialists when appropriate for an Enrollee's health condition.

- The Health Plan must provide all Enrollees the opportunity to select their PCP at the time of enrollment.

- When the Enrollee does not choose a PCP at the time of enrollment, the Health Plan must assign a PCP no later than 30 Days after the effective date of enrollment.

Characteristics of Medicaid Health Plans

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- The Health Plan must provide non-emergent medical transportation (NEMT), including travel expenses, to authorized, covered services.

- The Health Plan's policies must include provisions for the following:

❖ Determination of the most appropriate mode of transportation to meet the Enrollee's medical needs, including special transport requirements for Enrollees who are medically fragile or Enrollees with physical/mental challenges, pregnancy status, infancy, need for Enrollee to keep appointments confidential (such as when it is not appropriate for Enrollees to ask neighbors or family members for transportation), additional riders and/or car seats, housing status that affects pick up and drop off locations.

❖ Prevention of excessive multi-loading of vehicles such that Enrollees are not unduly burdened or forced to travel for significantly longer periods of time than is necessary.

Characteristics of Medicaid Health Plans

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- Scheduling system must be able to schedule Enrollee transportation services in at least three modes:

❖ On-going prescheduled appointments for at least thirty Days, such as, but not limited to, dialysis, chemotherapy or physical therapy.

❖ Regularly scheduled appointments; plans may require reasonable advance notice (e.g. 48 – 72 hours) of the need for transportation.

❖ Urgently scheduled appointments for which the Enrollee requires transportation on the same day as the request or the following day.

- Method for reimbursing mileage to individuals when it is appropriate for the Enrollee to drive or be driven to an Urgent Care facility or emergency department.

- Health plans are working on several initiatives related to health equity, population health, low birth weight, behavioral health integration, and social determinates of health. Health plans also have internal programs such as disease management to work with people who have chronic diseases like asthma.

Characteristics of Medicaid Health Plans: Tobacco Cessation Services

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- The Health Plan must not place prior authorization requirements on tobacco cessation treatment or limit the type, duration, or frequency of tobacco cessation treatments.

- The Health Plan must provide tobacco cessation treatment that includes, at a minimum, the following services:
  - Intensive tobacco cessation treatment through an MDHHS-approved telephone quit-line.
  - Individual tobacco cessation counseling/coaching in conjunction with tobacco cessation medication or without.
  - Non-nicotine prescription medications.
  - Prescription inhalers and nasal sprays.

- The following over-the-counter agents: Patch; Gum; Lozenge.

- Combination therapy – the use of a combination of medications, including but not limited to the following combinations:
  - Long-term (>14 weeks) nicotine patch and other nicotine replacement therapy (gum or nasal spray).
  - Nicotine patch and inhaler.
  - Nicotine patch and bupropion SR.

Characteristics Of Medicaid Health Plans: Tobacco Cessation Services Grid

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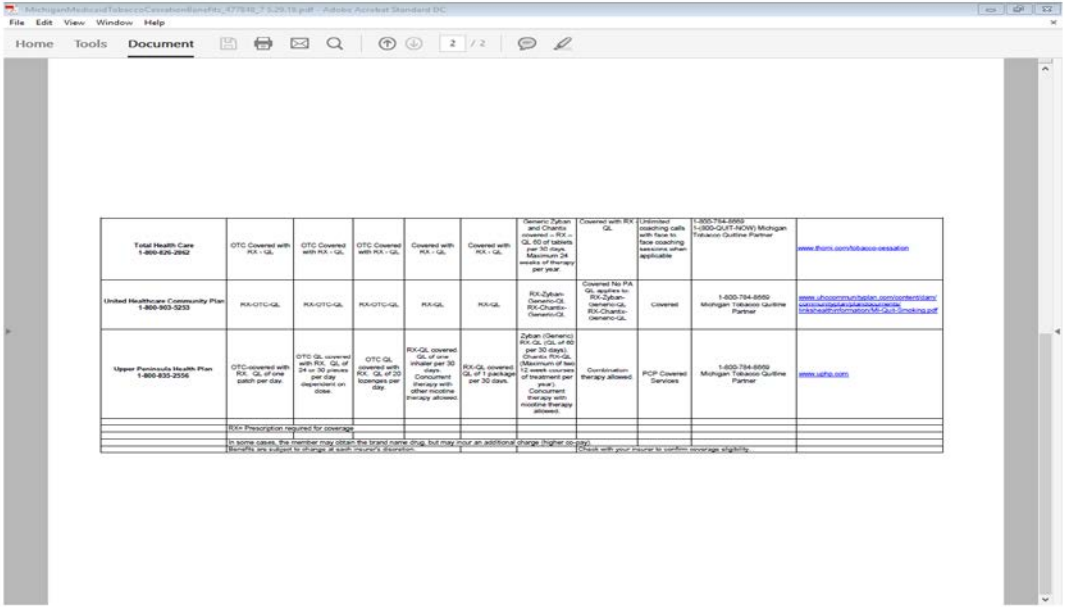
MichiganMedicaidTobaccoCessationBenefits_477848_7 5.29.18.pdf - Adobe Acrobat Standard DC
File Edit View Window Help
Home Tools Document 1 / 2

Michigan Medicaid Tobacco Cessation Benefits

6/21/2017

Health Plan	Patch	Gum	Lozenge	Inhaler	Nasal Spray	Non-nicotine Prescription Medications	Combination Therapy (i.e., Nicotine patch & inhaler)	Individual Counseling/ Coaching	MDHHS Approved Telephone Quit Line	Resources on Plan Website
Aetna Better Health of MI 1-866-316-3784	OTC-covered with RX	OTC-covered with RX	OTC-covered with RX	RX product. Covered with a QL of 168 per 30 days	RX product. Covered with QL of 40 per 30 days	RX products. Chantix covered with QL of 2 per day for two 12 week treatments per year. Bupropion SR 150mg covered	Covered	Covered	1-800-784-8669 Michigan Tobacco Quitline Partner	www.aetnabetterhealth.com/michigan
BlueCross Complete 1-800-228-8554	OTC-covered with RX	OTC-covered with RX	OTC-covered with RX	Covered	Covered	Covered	Covered	Covered/ Individual couseling separate from the 20 outpatients visits	1-800-784-8669 MichiganTobacco Quitline Partner	www.mibluecrosscomplete.com/your-health/health-resources-and-programs.html
Harbor Health Plan 1-844-427-2671	OTC-Covered with RX	OTC-Covered with RX	OTC-Covered with RX	OTC-Covered with RX	OTC-Covered with RX	RX covered for generic Zyban and Wellbutrin	RX covered	Contact Health Plan for individual counseling	1-800-784-8669 1-800-QUIT-NOW Michigan Tobacco Quitline Partner	www.harborhealthplan.com/Media/Default/Documents/Members/Health%20and%20Wellness/Smoking-Program.pdf
McLaren Health Plan-Medicaid 1-888-327-0671	Covered QL	Covered QL	Covered QL	Covered QL	Covered QL	Chantix - QL Generic Zyban - QL	Covered QL	Covered	1-800-784-8669 1-800-QUIT-NOW Michigan Tobacco Quitline Partner	www.mclarenhealthplan.org
Medicaid Fee for Service (Straight Medicaid) 1-800-642-3195	RX	RX	RX	Rx	RX	RX	RX	Not Available	1-800-784-8669 Michigan Tobacco Quitline Partner	Not Available
Meridian Health Plan 1-888-437-0606	OTC- Covered with RX consistent with Common Formulary	OTC- Covered with RX consistent with Common Formulary	OTC- Covered with RX consistent with Common Formulary	Covered with RX consistent with Common Formulary	Covered with RX consisten with Common Formulary	Covered with RX consistent with Common Formulary	Any combination of covered/formulary tobacco cessation medications /replacement therapies as prescribed by a physician consistent with Common Formulary	Covered Provider couseling separate from the 20 outpatients visits	1-844-854-5576 Meridian "New Beginnings" Smoking Cessation Program	www.mhplan.com
HAP Midwest Health Plan 888-654-2200	OTC-Covered with RX QL (patches) = 30 patches/30days. Concurrent tx with gum/loz encouraged	OTC-Covered with Rx QL (Gum) = 2mg, 30 pieces/day 4mg, 24 pieces/day Concurrent tx with transdermal nicotine encouraged	OTC-Covered with Rx QL = 20 pieces/day. Concurrent tx with transdermal nicotine encouraged	RX - QL:168 cartridges/30 days	RX - QL:15 bottles/30 days.	Chantix covered with RX. Zyban, Wellbutrin & Bupropion covered RX - QL 60 tablets every 30 days	RX	Referral to local and ACS group classes-Contact Health Plan for Classes	1-800-784-8669 Michigan Tobacco Quitline Partner	www.hap.org/midwest
Molina Healthcare of Michigan 1-888-898-7969	RX-OTC-QL	RX-OTC-QL	RX-OTC-QL	RX-QL	RX-QL	RX-Zyban Generic QL RX-Chantix	Covered per individual product limits	Yes, telephonic counseling is available	1-800-784-8669 Michigan Tobacco Quitline Partner	www.molinahealthcare.com www.molinahealthcare.com/members/common/en-US/healthy/styhlthytips/smoking/pages/smoking.aspx
Priority Health Choice 1-888-975-8102	OTC Generic-Covered-QL (FDA max)	OTC Generic-Covered-QL (FDA max)	OTC Generic-Covered-QL (FDA max)	Covered - QL	Covered - QL	RX generic Zyban and Chantix Covered - QL	Covered for 3 months then QL	Available	1-800-784-8669 Michigan Tobacco Quitline Partner	www.priorityhealth.com

Characteristics Of Medicaid Health Plans: Tobacco Cessation Services Grid (Cont.)



https://www.michigan.gov/documents/mdch/MichiganMedicaidTobaccoCessationBenefits_477848_7.pdf

HEDIS: Background

UnitedHealthcare Community Plan

- HEDIS is a term that started in the 1980's and began with a group of employers and quality experts. It was shifted to NCQA (**N**ational **C**ommittee for **Q**uality **A**ssurance) as a tool in the early 1990's.
- NCQA was founded in 1990 and is a private not for profit organization who's mission is to improve the quality of health care. NCQA is known as a principal organization that leads improvement in the health care system and facilitates the recognition of the topic of health care quality throughout the country.
- NCQA works with large employers, policy makers, health care providers, Health Plans, and patients to develop agreement around crucial health care quality concerns to determine what is important, how to measure it, and how to advocate for changes for the better.
- HEDIS stands for **H**ealthcare **E**ffectiveness **D**ata and **I**nformation **S**et.
- The first set of HEDIS measures came out in 1993 as HEDIS 2.0. The release of these measures marked the first time that organizations were held accountable for accomplishing valuable measurable outcomes. Health care as a whole has benefited from the continued use of these measures as quality benchmarks that promote continuously evolving quality improvement and as a result continuous improvements in the care provided.

HEDIS: Background

UnitedHealthcare Community Plan

- It is a tool that is used by more than 90% of Health Plans to determine execution of the aspects of care and service. The measures that are used are very specific and well defined so that plans can be measured equally against each other.

- Since the data is so widely collected, the results from HEDIS are also used by health plans for internal quality improvement.

- HEDIS data is used by a wide variety of people including employers, consumers, consultants, purchasers, etc. combined with accreditation information in order to choose a health plan.

- The measurement set for HEDIS is evaluated and changes are implemented each year as needed. The measures are looked at by NCQA's Committee on Performance Measurement which is composed of a broad based group representing employers, consumers, health plans, health care providers, and others. This group deliberates and selects the HEDIS measures that will be included and field tests decide how it gets measured.

- To make sure that the HEDIS results are valid, all data submitted are thoroughly audited by certified auditors using a process created by NCQA.

HEDIS: Background

UnitedHealthcare Community Plan

- Health data is collected throughout the year with a more focused HEDIS Data Collection (“Chart Chases”) conducted between January and June. Annual reports are published in July.

- Scores from HEDIS impact the Health Insurance Plan Rankings, directly effect health plan accreditation operation, and are used by some states to decide on Medicaid incentives and sanctions.

- The HEDIS Measures of Care focus on a large assortment of health concerns such as: Appropriate antibiotic use; Asthma; Breast, cervical and colorectal cancers; Cardiovascular disease; Care for older adults; Childhood and adolescent immunizations; COPD; Diabetes; High blood pressure; Hospital readmissions; Medication management; Mental illness; Prenatal and postpartum care; Smoking; Weight assessment Patient experience (CAHPS); Vaccinations for adults and older adults (CAHPS).

- HEDIS includes the **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems (CAHPS) survey which assesses the members encounters with their health care in areas like clinician communication and getting needed care quickly. The member then rates their health plan on a scale of 0-10.

HEDIS: Background

UnitedHealthcare Community Plan

- HEDIS 2018 looked at the care provision across body systems; prevention and screening; access to and satisfaction with the provision of healthcare services; and measures usage of certain procedures and settings of care.

- HEDIS 2018 was divided into seven domains:

Domains	#Measures
❖ Effectiveness of Care	55(11 Hybrid)
❖ Access/Availability of Care	6(1 Hybrid)
❖ Experience of Care	3
❖ Utilization & Risk Adjusted Utilization	15(4 Hybrid)
❖ Relative Resource Use	5
❖ Health Plan Descriptive Information	6
❖ Measures Collected using Electronic Clinical Data Systems	5

HEDIS: Definitions

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- **Collection and Reporting Method: Four Ways Data is collected:**

❖ Administrative: Medical, pharmacy, and encounter claims.

❖ Hybrid: Medical and pharmacy claims, encounters and medical record data.

❖ Survey: **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems (CAPHS).

❖ Electronic Clinical Data Systems: EMR or Health Information Network.

- **Measurement Year:** In most cases, the measurement year is the 12-month timeframe between which a service was rendered, and generally runs Jan. 1 through Dec. 31. Data collected from this timeframe is reported during the reporting year.

HEDIS: Definitions

UnitedHealthcare Community Plan

- **Reporting Year:** The reporting year is the timeframe when data is collected and reported. The data is from the measurement year, which is usually the year prior or can be or up to 5 years.
  Example: The 2018 reporting year would include a review of data from services rendered during the measurement year, which would be 2017 and/or any time prior. Reporting year data would likely be released in June 2018, depending on the measure.

- **HEDIS Numerator:** The number of members who meet the eligibility criteria based on NCQA technical specifications and receive the appropriate care, treatment or service.

- **HEDIS Denominator:** The number of members who qualify for the measure criteria, based on NCQA technical specifications.

- **Medical Record Data:** This is the information taken directly from a member's medical record to validate services rendered that weren't captured through claims, encounters or supplemental data.

EP 3 Guidelines

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Quick Reference Charts for the Classification and Stepwise Treatment of Asthma

(Adapted from 2007 NHLBI Guidelines for the Diagnosis and Treatment of Asthma Expert Panel Report 3)

Asthma *severity* is the intrinsic intensity of the disease process and dictates which step to initiate treatment.
Asthma *control* is the degree to which the goals of therapy are met (e.g., prevent symptoms/exacerbations, maintain normal lung function and activity levels).
The classification of severity or level of control is based on the *most severe* impairment or risk category in which any feature occurs.
Assess impairment domain by patient's recall of previous 2–4 weeks and/or by spirometry or peak flow measures.
Symptom assessment for longer periods should reflect a global assessment, such as inquiring whether the patient's asthma is better or worse since last visit.

	Components of SEVERITY	Age (Years)	Classification of Asthma SEVERITY (Intermittent vs. Persistent): Intermittent	Persistent: Mild	Persistent: Moderate	Persistent: Severe
Impairment	Symptoms	All	≤ 2 days/week	> 2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	0–4	0	1–2x/month	3–4x/month	> 1x/week
		≥ 5	≤ 2x/month	3–4x/month	> 1x/week but not nightly	Often 7x/week
	SABA use for symptom control	All	≤ 2 days/week	> 2 days/week but not daily	Daily	Several times a day
	Interference with normal activity	All	None	Minor limitation	Some limitation	Extremely limited
	Lung function:					
	FEV_1 (predicted) or PEF (personal best)	≥ 5	Normal FEV_1 between exacerbations > 80%	> 80%	60–80%	< 60%
	FEV_1/FVC	5–11	> 85%	> 80%	75–80%	< 80%
		≥ 12	Normal	Normal	Reduced 5%	Reduced > 5%
Risk	Exacerbations requiring oral corticosteroids	0–4	≤ 1x/year	≥ 2x in 6 months or ≥ 4 wheezing episodes/year lasting > 1 day AND risk factors for persistent asthma		
		5–11		≥ 2x/year		
		≥ 12		Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV_1.		
Recommended step for starting treatment		0–4	Step 1	Step 2	Step 3	Step 3
		5–11				Step 3 or 4
		≥ 12				Step 4 or 5
		All			Consider short course of oral corticosteroids	
		All	In 2–6 weeks, evaluate level of asthma control that is achieved and adjust therapy accordingly. For children 0–4 years old, if no clear benefit is observed in 4–6 weeks, stop treatment and consider alternative diagnosis or adjusting therapy.			

FEV_1, forced expiratory volume in 1 second; FVC, forced vital capacity; PEF, peak expiratory flow; SABA, short-acting beta-agonist

	Components of CONTROL	Age (Years)	Level of Asthma CONTROL: Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	0–4	≤ 2 days/week but ≤ 1x/day	> 2 days/week or multiple times on ≤ 2 days/week	Throughout the day
		5–11			
		≥ 12	≤ 2 days/week	> 2 days/week	
	Nighttime awakenings	0–4	≤ 1x/month	> 1x/month	> 1x/week
		5–11		≥ 2x/month	≥ 2x/week
		≥ 12	≤ 2x/month	1–3x/week	≥ 4x/week
	Interference with normal activity	All	None	Some limitation	Extremely limited
	SABA use for symptoms	All	≤ 2 days/week	> 2 days/week	Several times per day
	Lung function				
	FEV_1 (predicted) or PEF (personal best)	≥ 5	> 80%	60-80%	< 60%
	FEV_1/FVC	5–11	> 80%	75-80%	< 75%
	Validated questionnaires				
	ATAQ	≥ 12	0	1–2	3–4
	ACQ	≥ 12	≤ 0.75	≥ 1.5	n/a
	ACT	≥ 12	≥ 20	16–19	≤ 15
Risk	Exacerbations requiring oral corticosteroids	0–4	≤ 1x/year	2-3x/year	> 3x/year
		5–11		≥ 2x/year. Consider severity and interval since last exacerbation	
		≥ 12			
	Reduction in lung growth	5–11	Evaluation requires long-term follow-up care		
	Loss of lung function	≥ 12	Evaluation requires long-term follow-up care		
	Treatment-related adverse effects	All	Medication side effects can vary in intensity from none to very troublesome and worrisome.		
Recommended treatment actions		All	Maintain current step; regular follow-up at every 1–6 months; consider stepping down if well controlled for ≥ 3 months	Step up 1 step	Step up 1–2 steps and consider short course of oral corticosteroids
				Before stepping up, review adherence to medication, inhaler technique, environmental control, and comorbid conditions. If an alternative treatment option was used in a step, discontinue and use the preferred treatment for that step.	
				Reevaluate the level of asthma control in 2–6 weeks and adjust therapy accordingly.	
				For side effects, consider alternative treatment options.	

ACQ, Asthma Control Questionnaire; ACT, Asthma Control Test; ATAQ, Asthma Therapy Assessment Questionnaire; FEV_1, forced expiratory volume in 1 second; FVC, forced vital capacity; PEF, peak expiratory flow; SABA, short-acting beta-agonist

Stepwise Approach for Managing Asthma Long Term

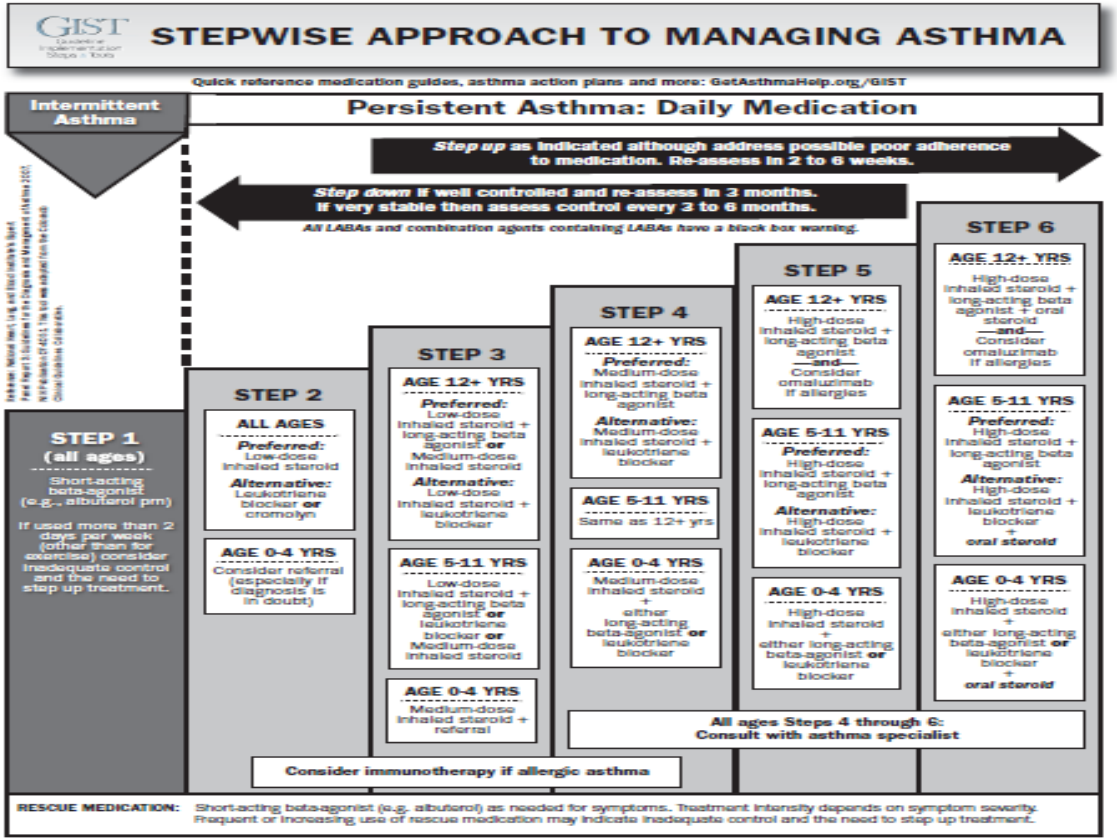
← Step UP if needed (first check inhaler technique, adherence, environmental control, and comorbid conditions)
ASSESS CONTROL
Step DOWN if possible (and asthma is well controlled for at least 3 months) →

Age		Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
0–4 Years		Intermittent Asthma	Persistent Asthma: Daily Medication. Consult with asthma specialist if step 3 care or higher is required. Consider consultation at step 2.				
	Preferred	SABA as needed	Low-dose ICS	Medium-dose ICS	Medium-dose ICS + LABA *or* montelukast	High-dose ICS + LABA *or* montelukast	High-dose ICS + Oral corticosteroids + LABA *or* montelukast
	Alternative		Cromolyn *or* montelukast				
		Patient education and environmental control at each step.					
	Rescue Medication	• SABA as needed for symptoms. Treatment intensity depends on symptom severity. • With viral respiratory symptoms, SABA every 4–6 hours up to 24 hours (longer with physician consult). • Consider short course of oral corticosteroids if exacerbation is severe or if patient has history of previous severe exacerbations. • Frequent or increasing use of SABA may indicate inadequate control and the need to step up treatment.					
5–11 Years		Intermittent Asthma	Persistent Asthma: Daily Medication. Consult with asthma specialist if step 4 care or higher is required. Consider consultation at step 3.				
	Preferred	SABA as needed	Low-dose ICS	Low-dose ICS + LABA, LTRA, *or* Theophylline *OR* Medium-dose ICS	Medium-dose ICS + LABA	High-dose ICS + LABA	High-dose ICS + LABA + Oral corticosteroids
	Alternative		Cromolyn, LTRA, Nedrocromil, *or* Theophylline		Medium-dose ICS + LTRA *or* Theophylline	High-dose ICS + LTRA *or* Theophylline	High-dose ICS + LTRA *or* Theophylline + Oral corticosteroids
		Patient education and environmental control, and management of comorbidities at each step. Step 2-4: Consider subcutaneous allergen immunotherapy for patients who have allergic asthma.					
	Rescue Medication	• SABA as needed for symptoms – up to 3 treatments at 20-minute intervals initially. Treatment intensity depends on symptom severity. • Consider short course of oral corticosteroids. • Increasing use of SABA or use > 2 days/week for symptom relief (not prevention of EIB) generally indicates inadequate control and the need to step up treatment.					
≥ 12 Years		Intermittent Asthma	Persistent Asthma: Daily Medication. Consult with asthma specialist if step 4 care or higher is required. Consider consultation at step 3.				
	Preferred	SABA as needed	Low-dose ICS	Low-dose ICS + LABA *OR* Medium-dose ICS	Medium-dose ICS + LABA	High-dose ICS + LABA	High-dose ICS + LABA + Oral corticosteroid
	Alternative		Cromolyn, LTRA, Nedrocromil, *or* Theophylline	Low-dose ICS + LTRA, Theophylline, *or* Zileuton	Medium-dose ICS + LTRA, Theophylline, *or* Zileuton	Consider Omalizumab for patients who have allergic asthma	Consider Omalizumab for patients who have allergic asthma
		Patient education and environmental control, and management of comorbidities at each step. Step 2-4: Consider subcutaneous allergen immunotherapy for patients who have allergic asthma.					
	Rescue Medication	• SABA as needed for symptoms – up to 3 treatments at 20-minute intervals initially. Treatment intensity depends on symptom severity. • Consider short course of oral corticosteroids. • Increasing use of SABA or use > 2 days/week for symptom relief (not prevention of EIB) generally indicates inadequate control and the need to step treatment.					
All	Notes	• If an alternative treatment is used and response is inadequate, discontinue it and use the preferred treatment before stepping up. • Theophylline requires serum concentration levels monitoring; zileuton requires liver function monitoring. • LABAs are not indicated for acute symptom relief and should be used in combination with an ICS.					

EIB, exercise-induced bronchospasm; ICS, inhaled corticosteroids; LABA, long-acting beta-agonist; LTRA, leukotriene receptor antagonist

For usual dosages of asthma medications, refer to pages 46–52 of the EPR-3 Summary Report 2007 (NIH Publication Number 08-5846).
The full guidelines, summary report, evidence tables, and links to other relevant resources are all available on the NHLBI website: http://www.nhlbi.nih.gov/guidelines/asthma/index.htm
The UMHS Clinical Care Guidelines on Asthma and approved asthma action plan templates are available at: [illegible]

GIST Model



HEDIS Asthma Measures

UnitedHealthcare Community Plan

- Appropriate staging and classification of asthma is very important. Physicians need to utilize the Stepwise Approach to Managing Asthma using the GIST (**G**uideline **I**mplementation **S**teps and **T**ools) tool or the EP3 Guidelines.
- Definition of Persistent Asthma:
- Patients are identified as having met at least one (1) of the following criteria during **both** the measurement year and the prior year. The criteria need not be the same in both years:

  - At least one ED visit with asthma as the principal diagnosis.
  - At least one acute inpatient encounter with asthma as the principal diagnosis .
  - At least four (4) outpatient asthma visits on different dates of service, with asthma as one of the listed diagnosis and at least two (2) asthma medication dispensing events - rescue and/or controller medication.
  - At least four (4) asthma medication dispensing events – rescue and/or controller asthma medication.

CPT Codes for All Asthma Measures

UnitedHealthcare Community Plan

- Codes:
- J45.20-J45.22
- J45-30-J45.32
- J45.40-J45.42
- J45.50-J45.52
- J45.990
- J45.991
- J45.909, J45.998
- J45.901-J45.902

- Extrinsic & Intrinsic Asthma
- Exercise Induced
- Bronchospasm
- Cough Variant Asthma
- Asthma NOS

HEDIS Asthma Measures: AMR

UnitedHealthcare Community Plan

- **Measure: AMR**

- **Definition: Percentage of members ages 5–64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.**
- **Plan(s) Affected:**
  - Commercial
  - Medicaid

- **Quality Program(s) Affected:**
  - NCQA Accreditation

- **Collection and Reporting Method:**
  - **Administrative**

    Claim/Encounter Data and Pharmacy Data

- Medications: To comply with this measure, a member must have the appropriate ratio of controller medications to total asthma medications **. Providers need to check the Michigan MDHHS Medicaid Health Plan Common Formulary for covered asthma medications.**

HEDIS Asthma Measures: AMR

UnitedHealthcare Community Plan

Asthma Controller Medications:

- Inhaled Corticosteroids (**preferred**), Inhaled steroid combinations, Mast cell stabilizers, Methylxanthines Antibody Inhibitor, Antiasthmatic combinations, Leukotriene modifiers.

Drug Category	Medications	
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin- theophylline
Antibody inhibitors	• Omalizumab	
Anti-interleukin-5 antibody therapies	• Mepolizumab	• Reslizumab
Inhaled corticosteroids	• Beclomethasone • Budesonide • Ciclesonide	• Flunisolide Fluticasone CFC • free Mometasone •
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol	• Fluticasone-vilanterol • Mometasone- formoterol
Leukotriene modifiers	• Montelukast • Zafirlukast	• Zileuton
Mast cell stabilizers	• Cromolyn	
Methylxanthines	• Dyphylline	• Theophylline

HEDIS Asthma Measures: AMR

UnitedHealthcare Community Plan

Asthma Reliever Medications

Drug Category	Medications	
Short-acting, inhaled beta-2 agonists	• Albuterol • Levalbuterol	• Pirbuterol

HEDIS Asthma Measures: AMR

UnitedHealthcare Community Plan

- **Exclusion(s)**: If applicable, see Appendix for codes and descriptions.

Exclusions Timeframe	
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
• **Acute respiratory failure** • **Chronic obstructive pulmonary disease** • **Chronic respiratory conditions due to fumes/vapors** • **Cystic fibrosis** • **Emphysema** • **Obstructive chronic bronchitis**	Any time during a member's history through Dec. 31 of the measurement year
Members who weren't prescribed an asthma controller medication	Any time during the measurement year

HEDIS Asthma Measures: MMA

UnitedHealthcare Community Plan

- **Measure: MMA**

- **Definition: Percentage of members ages 5–64 during the measurement year 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 percent of the treatment period.
2. Percentage of members who remained on an asthma controller medication for at least 75 percent of the treatment period.

❖ The **treatment period** is the timeframe between the date of the earliest prescription for any asthma controller medication during the measurement year through the end of the measurement year.

HEDIS Asthma Measures: MMA

UnitedHealthcare Community Plan

- **Plan(s) Affected**
  - Commercial
  - Medicaid

- **Quality Program(s) Affected**
  - CMS Quality Rating System
  - NCQA Accreditation (75 percent of treatment period only)

- **Collection and Reporting Method**
  - Administrative

    Claim/Encounter Data and Pharmacy Data

- Medications: To comply with this measure, a member must have remained on one of the following asthma controller medications for the required duration of time. **Providers need to check the Michigan MDHHS Medicaid Health Plan Common Formulary for covered asthma medications.**

HEDIS Asthma Measures: MMA

UnitedHealthcare Community Plan

Asthma Controller Medications:

- Inhaled Corticosteroids **(preferred)**, Inhaled steroid combinations, Mast cell stabilizers, Methylxanthines Antibody Inhibitor, Antiasthmatic combinations, Leukotriene modifiers.

Drug Category	Medications	
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin- theophylline
Antibody inhibitors	• Omalizumab	
Anti-interleukin-5 antibody therapies	• Mepolizumab	• Reslizumab
Inhaled corticosteroids	• Beclomethasone • Budesonide • Ciclesonide	• Flunisolide Fluticasone CFC • free Mometasone •
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol	• Fluticasone-vilanterol • Mometasone- formoterol
Leukotriene modifiers	• Montelukast • Zafirlukast	• Zileuton
Mast cell stabilizers	• Cromolyn	
Methylxanthines	• Dyphylline	• Theophylline

HEDIS Asthma Measures: MMA

UnitedHealthcare Community Plan

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

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• **Acute respiratory failure** • **Chronic obstructive pulmonary disease** • **Chronic respiratory conditions due to fumes/vapors** • **Cystic fibrosis** • **Emphysema** • **Obstructive chronic bronchitis**	Any time during a member's history through Dec. 31 of the measurement year
Members who weren't prescribed an asthma controller medication	Any time during the measurement year

Physician Management of Asthma to Best Meet HEDIS Measures

UnitedHealthcare Community Plan

- Prescribe a long term “control” medication as well as a short term “rescue” inhaler.
- Educate the patient on the use of all asthma medications and stress the importance of taking “control” medication daily.
- Schedule an office visit after any ER or inpatient stay to ensure the patient has both “rescue” and “control” asthma medications.
- Schedule frequent office visits for asthma follow up care, to monitor asthma control, and to evaluate asthma medication utilization.
- Ensure all asthma patients have an Asthma Action Plan.
- Monitor the use of “rescue” asthma medications at all office visits. The majority of patients over 30 are placed into the measure due to frequent (four or more) fills of “rescue” asthma medications.
- Educate all office staff on the difference between “control” and “rescue” asthma medications.
- Sample control medications are discouraged. If they are given, document date given, medication name, and dosage in patient chart.
- Perform spirometry test to confirm asthma diagnosis vs. chronic obstructive lung disease.

Helpful MDHHS Webpages

UnitedHealthcare Community Plan

- MDHHS HEDIS Results: Statewide Aggregate Reports:

❖ https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78576-39268--,00.html

- MDHHS Medicaid Health Plan Information Page :

❖ https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42544_42644-150910--,00.html

Questions?

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