2017 health care quality update for Anthem members

Quality work yields quality results

At Anthem Medicaid, your health is important to us. We work hard to make sure you have access to great care.

We do this by:

- Having programs and services to help improve the quality of health care you get.
- Providing learning tools on pregnancy and newborn care for all pregnant members and new moms.
- Finding local programs in your community that help you get these services if you need them.
- Hosting learning events to answer your questions and concerns and help you make the most of your health care.
- Following state and federal guidelines.
- Looking at our quality results to find new ways to provide better care.

How our plan measures up

Each year, we test how we’re doing by using tools from outside groups of experts. We use the Healthcare Effectiveness Data and Information Set, or HEDIS®, tool to measure the quality of care. We also use the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to see if members got the care they needed, how easy it was to see the doctor and if the health plan gave them access to good care. Plus, we get data from other surveys and tools. All this data tells us what to focus on for the next year.
What we learned in the previous year

HEDIS and CAHPS
Each year, HEDIS and CAHPS report on the past year. The results below tell us how we did in 2016 for our Anthem plan.

About our Anthem members:
- More of our members report that they are getting medical care quickly.
- More parents and guardians are reporting better coordination of care between their children’s doctors.
- More children receive immunizations.
- More members are learning about the different types of health care available to them.
- More members are going to the dentist.

And there’s more good news
We are now a National Committee for Quality Assurance (NCQA)-accredited plan, and we participate in yearly audits to comply with laws and to improve health.

Quality Improvement goals
This year, we want to make sure that:
- We understand all our members’ cultures and languages.
- Our members get the health screenings and education they need.
- No one goes without physical or mental health services.
- We help our members reach their health care goals (weight loss, smoking, controlling blood sugar, etc.).

Want to know more about our Quality Management program?
Would you like to know how it works and how we’re doing? Call Anthem Quality Management at 1-502-619-6800. Ask us to mail you a copy of our program. We can also tell you more about the ways we make sure you get quality health care services.
Access to case management

If you have multiple health problems, we have case managers to help you. Your case manager will work with you to help you make informed decisions about your care. He or she will work with you and your primary care provider (PCP) to set up a plan of care and help you access the care and services identified in your plan. Your case manager can also help with:

- Setting up health care services
- Getting referrals and preapprovals
- Reviewing your plan of care as needed

If you or your child needs case management services, we'll refer you to a case manager. Our case managers may also call to tell you about the program if:

- Your PCP thinks you would benefit from the program
- You're discharged from the hospital and need follow-up care coordination
- You visit the emergency room (ER) often for nonurgent care that can be provided by your PCP
- You call Care on Call, a 24-hour help line, and need us to follow up with you about your health

If you're called, a nurse or social worker will:

- Tell you about the program and how it can help you
- Ask you if you'd like to take part in case management
- Talk to you about how you're managing your health and other aspects of your life

What do you do when your teen has outgrown pediatric care?

It may be time for a new primary care provider.

As your child reaches adulthood, his or her health care needs start to change. By age 18, your young adult may want to find a primary care provider who treats adults.

Adult PCP offices offer:

- Family practice
- Internal medicine
- Gynecology

Start by asking your child's current PCP for a referral for a new adult PCP. Anthem is here to help too. You can change your teen's PCP at any time.

It's easy.

2. Search our provider directory
3. Choose a provider

Your child will get an updated member ID card within 7 to 10 days. If you don’t receive it or the PCP isn’t listed right, call Member Services at 1-855-690-7784 (TTY 711).
Making decisions on care and services

Sometimes, we need to make decisions about how we cover care and services. This is called Utilization Management (UM). Our UM process is based on the standards of the NCQA. All UM decisions are based on medical needs and current benefits only. We do this for the best possible health outcomes for our members. We also don’t tell or encourage providers to underuse services. And we don’t create barriers to getting health care. Providers do not get any reward for limiting or denying care. When we decide to hire, promote or fire providers or staff, we don’t base it on that they might, or we think they might, deny or would be likely to deny benefits.

Some Anthem services and benefits need preapproval. This means your doctor must ask us to approve them.

Services that don’t need preapproval include:

- Emergency care
- Post-stabilization care — These services are related to an emergency medical condition. They are provided after the person’s immediate medical problems are stabilized. They may be used to stabilize, improve or fix your condition.
- Urgent care

Anthem has a Utilization Review team that looks at approval requests.

The team will decide if:
- The service is needed.
- It is covered by Anthem.

Access to Utilization Management staff

You or your doctor can ask for a review if Anthem won’t pay for the care. We will let you and your doctor know after we get the request.

The request can be for services that:
- Are not approved.
- Have been changed in the amount, duration or scope that is less than requested.

If you have questions about an approval or a denial you’ve received, call Member Services at 1-855-690-7784 (TTY 711) Monday through Friday from 7 a.m. to 7 p.m. Eastern time. A member of our Utilization Review team can speak to you. They can also help if you need help in another language.
Member benefits and access to medical care

Your member handbook and the member website, www.anthem.com/kymedicaid, can help you learn about our services, benefits and more, such as:

- **Preventive health care:** learn about ways to help prevent certain health conditions and how to live a healthier life.

- **Benefits and access to care:** find out more about your benefits and how to get medical care.

- **Pharmacy:** find out about your benefits including restrictions and preferences and how to get the medicines you need.

- **Case management:** explore ways to understand and care for your health condition with our case management program.

- **Disease management:** find out about the programs we offer; learn how we can work with you to help control chronic health problems such as asthma and diabetes.

- **Member rights and responsibilities:** read about the rights and responsibilities you have as an Anthem Kentucky Medicaid member.

- **Notice of Privacy Practices:** learn more about our privacy policies.

- **Medical necessity:** find out how we decide if care is needed based on the right benefits and levels of care and service.

- **New medical advances:** understand how our medical directors and network providers look at new medical advances and studies. They decide if:
  - These advances should be covered benefits.
  - The government has agreed the treatment is safe and effective.
  - The results are as good as or better than covered treatments in effect now.

- **Advance directives:** learn about your right to sign an advance directive (living will), to have one on file or on hand if you can’t share what care you would like to prolong your life; Anthem members may request an advance directive form and education from their medical home or from their PCP.

- **Provider directory:** find helpful tools like your provider directory and health tips on our website, www.anthem.com/kymedicaid. You can also call Member Services toll free at 1-855-690-7784 (TTY 711) to get a copy mailed to you.

Member rights and responsibilities

Your rights and responsibilities as an Anthem member are in your member handbook. To request a copy, call Member Services at 1-855-690-7784 (TTY 711) or read them online at www.anthem.com/kymedicaid.