

2017 Health care quality update

for Anthem Blue Cross and Blue Shield Healthcare Solutions members



Your health is our priority.

That's why we put programs in place to ensure you have access to the best possible care. Every year, we look at how well we're serving you. We also look for ways to do it better.

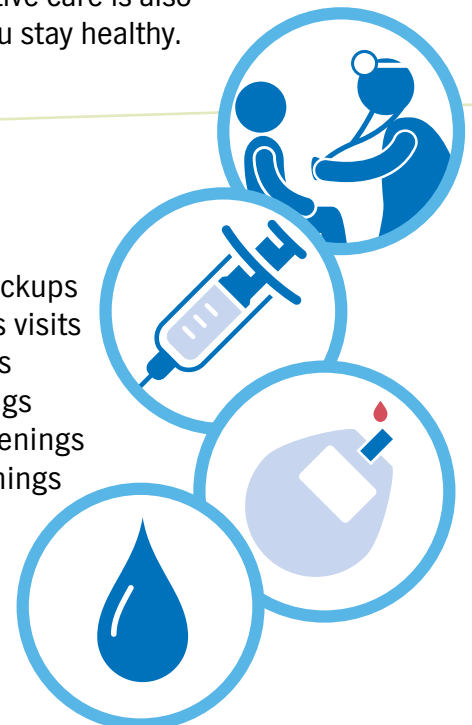
We do all this by:

- Offering programs and services that help improve the quality of the care you get
- Educating pregnant women and new moms about taking care of their babies and themselves
- Educating members with chronic and short-term conditions, such as diabetes and upper respiratory infection (URI), about how to care for themselves and their children
- Helping members approaching adulthood change from seeing a pediatrician to primary care provider (PCP) for adults
- Finding community programs to help you get the services and support you need
- Hosting learning events to answer your questions and concerns and help you make the most of your benefits
- Listening to you to find new ways to provide better care
- Following state and federal guidelines

We know how important it is to get the help you need and get back to your life. That's why we look at how often you get care and services and the quality of that care. Getting preventive care is also important to help you stay healthy.

Preventive care includes:

- Well-child checkups
- Adult wellness visits
- Immunizations
- Lead screenings
- Diabetes screenings
- Cancer screenings



How our plan measures up

Each year, we measure the quality of health care using a standard process and data called the Healthcare Effectiveness Data and Information Sets (HEDIS®). We report these results to the state Medicaid agency and the National Committee for Quality Assurance (NCQA).



This information helps us ensure you're receiving quality health care and identify ways to improve care.

Our 2016 results showed improvements in 49% of the Medicaid measures and 58% of the CHIP measures when compared to the previous year.

Preventive care is one set of HEDIS measures we look at. We continue to show a decrease in the number of children getting immunizations and well-child visits. The majority of members are under 19 years old, so preventive care for children is a primary concern for Anthem.

Here's why well-child visits are so important:

- Children who don't have immunizations may be at risk for getting and/or spreading diseases that can be prevented.
- Doctors can find changes and problems in normal growth and development earlier. They can also identify chronic diseases like asthma and diabetes. Earlier detection leads to better treatment outcomes.
- Doctors use health history from well-child visits to better care for kids when they're sick.

These visits are at no cost to Anthem members.

And remember, annual hearing and vision examinations are also covered benefits. Tell us how we can help you take advantage of available, no-cost health care benefits for your children and yourself.

Please call 1-844-396-2329 (TTY 711) Monday through Friday from 7 a.m. to 7 p.m. Pacific time.

The emergency room is not the place to get well-child visits or take your child when he/she has a cold.

Make sure your child has a primary care provider (PCP) nearby so you can go there when you need to. If you have any questions or need to change your child's PCP, please visit www.anthem.com/nvmedicaid or call 1-844-396-2329 (TTY 711) Monday through Friday from 7 a.m. to 7 p.m. Pacific time.



It starts with listening to you

Your health is important to us.

No one can tell us how we're doing better than you. In 2016, we sent thousands of satisfaction surveys to members to help us learn what works well and what needs improvement. You told us you were satisfied with the time it took to get care, the access we provided to specialists, and the health care information we gave you. Results showed:

80%

of adults and 85% of parents/legal guardians reported getting care for themselves or their children as soon as they needed it.

72%

of adults and 82% of parents/legal guardians reported getting an appointment for routine care for themselves or their children as soon as they needed.

74%

of adults and 80% of parents/legal guardians reported getting an appointment for themselves or their children to see a specialist as soon as they needed.

25

A review of 2016 complaints revealed only 25 complaints related to access of care.

Anthem continues to work with providers to improve your experience.

In 2016 and 2017 we made the following improvements:

- We received a Multicultural Health Distinction Accreditation.
- We expanded our provider network to meet the growing needs of our members and expansion populations.
- We expanded our quality incentive program to high volume providers to cover over 60% of our membership.



- We increased member satisfaction by identifying improvements in areas related to members, providers and Anthem associates.
- We expanded free Boys & Girls Club memberships to include children ages 5-14.



- We continued offering healthy rewards when you get prenatal or postpartum care, diabetes testing, well-child checkups or other targeted services.



- We continued offering virtual doctor visits in both English and Spanish through the LiveHealth Online secure website at www.livehealthonline.com. You can even access LiveHealth Online in Spanish through your iPhone. Doctors can diagnose, make medical recommendations and prescribe medications when needed for minor conditions. If you need help with LiveHealth Online, please call their 24/7 Customer Service department at 1-855-603-7985.



In 2017 and 2018, we'll continue our efforts to find ways to get you what you need by:

- Continuing to help you get the right care, at the right place and right time for you.
- Improving member satisfaction.
- Enhancing member incentive programs.
- Improving quality of care standard ratings.
- Adding providers in specialties such as dermatology, orthopedics, psychiatry and rheumatology.
- Expanding and increasing community and self-support services for all members.
- Increasing opportunities for you to learn how to get the most from your benefits and services by holding Health Fairs in your community close to your ZIP code. We'll have bilingual staff at the events to help you when translation is needed.
- Reminding PCPs to perform well visits when you visit them.
- Continuing to offer 24/7 virtual doctor visits through LiveHealth Online at www.livehealthonline.com and consult with nurses about your health through our 24/7 NurseLine.

Better health is in your hands.

Take control of your health care. Here's how to get the right care for you:

- **Read the member handbook** and any reminders or instructions you get from us.
- **Call the 24/7 NurseLine** any time day or night. A nurse is always available to answer your questions about health care in English or Spanish. Call 1-844-396-2329 (TTY 711).
- **Select a doctor** who meets your needs. Look for one who:
 - Is close to your home
 - Speaks your language
 - Explains things in a way you understand
 - Has evening or Saturday office hours that meet your schedule
- **Change your PCP** when needed. Just call Member Services or go online to www.anthem.com/nvmedicaid. We have a large network of providers. Over one-third of our providers speak Spanish and we offer interpreter services for most languages.
- **Develop a partnership** with your doctor so you can work as a team. Take an active role in your visits with him/her. Before your next visit:
 - Make a list of your symptoms and the names of all medications you currently take
 - Write down the questions that you want to discuss
 - Ask questions if you don't understand
 - Bring up problems even if the doctor doesn't ask
 - Let the doctor know if you have concerns about a particular treatment or change in your daily life
- **Notify Medicaid** if you change your phone number or address. That way you can receive important information from Medicaid as well as from Anthem and your providers.



Want to know more about our Quality Management program, how it works, how we're doing and how we're meeting our goals? Call Quality Management at 1-844-396-2329 (TTY 711). Ask us to mail you a copy of the program, including goals, processes and results. We can also tell you more about the ways our team makes 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 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 prior authorizations
- 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 our 24/7 NurseLine and need us to follow up with you about your health

For members with more complex needs, we offer a complex case management program. We use data to find out which members may benefit from the program. We may call you to take part in this program if you have:

- Serious physical problems that require more care and services
- Mental health conditions that need more care coordination

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

We're committed to keeping both pregnant women and their babies healthy. New Baby, New LifeSM is our program for all pregnant members. It is a comprehensive case management program offering:

- Educational materials
- Incentives to keep up with prenatal and postpartum checkups
- Well-child visits after the baby is born
- Text4baby — this program sends pregnant women and new mothers free text messages with important health tips to help keep them and their babies healthy.

Our nurse case managers work closely with pregnant members to provide:

- Advice on health, nutrition and taking care of yourself and your baby
- Emotional support
- Help following the care plans your PCP or OB/GYN create for you

Our nurses also work with doctors and help with other services pregnant members may need. Want more information about the New Baby, New LifeSM program? Call **1-844-396-2329 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m. Pacific time.

If you think you need case management services, please call Member Services at **1-844-396-2329 (TTY 711)** Monday through Friday from 7 a.m. to 7 p.m. Pacific time.

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 National Committee for Quality Assurance (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 rewarded for limiting or denying care. And when we decide to hire, promote or fire providers or staff, we don't consider that they might, or we think they might, deny or would be likely to deny benefits.

Some services and benefits need prior authorization. This means that your doctor must ask us to approve them.

Services that don't need approval 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 can speak with a member of our Utilization Review team if you would like. They are available Monday through Friday from 8 a.m. to 5 p.m. To speak with a UM representative, please call **1-844-396-2329 (TTY 711)**.

You or your doctor can ask for an appeal if Anthem says we won't pay for the care. We'll 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 request or a denial you received, call Member Services at 1-844-396-2329 (TTY 711) Monday through Friday from 7 a.m. to 7 p.m. Pacific time. If you need medical advice and wish to speak with a licensed nurse, call our 24/7 NurseLine at 1-844-396-2329 (TTY 711) any time of the day or night.

Member benefits

and access to medical care

Use your member handbook and the member website, www.anthem.com/nvmedicaid, to find important information about covered services, benefits and other topics, such as:

- Find out more about your benefits and how to get medical care, including:
 - Copays — you have no (zero) copays for covered services
 - Limits on your benefits
 - Doctors and other providers in your plan
 - Pharmacy benefits — get a copy of the preferred drug list, learn how to fill your prescription and find pharmacies in your plan
- Read about the rights and responsibilities you have as an Anthem member
- Learn more about our privacy policies

If you don't have a handbook or a provider directory, we can send you one. Call Member Services at 1-844-396-2329 (TTY 711). Or read it online at www.anthem.com/nvmedicaid.

How to update your contact information

If you are a Medicaid or Nevada Check Up member and you move or change your phone number, we need your new address and phone number.

- **If you are a Medicaid member**, you must call your welfare office to let them know your new address. If you live in the:
 - Reno/Sparks area, call 1-800-992-0900, option 1
 - Las Vegas area, call 1-800-992-0900, option 1
- **If you are a Nevada Check Up member**, you must call Nevada Check Up toll free at 1-800-992-0900, option 1 to give them your new address and phone number.



We hope you find this information helpful

This newsletter will be available on our website until we post the 2018 edition. To find out more about programs or services, be sure to visit our website at www.anthem.com/nvmedicaid. If you have any questions, call Member Services toll free at 1-844-396-2329 (TTY 711) Monday through Friday from 7 a.m. to 7 p.m. Pacific time. For members who do not speak English, we offer free oral interpretation services for all languages. If you need these services, call Member Services.