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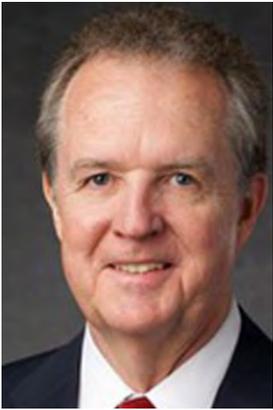
- Keep Your Practice Information Up to Date

Any policy changes communicated in this newsletter are considered official and effective immediately unless otherwise indicated, and will be reflected in the next edition of the Optima Health Provider Manual.



We have attempted to identify each policy change by placing a red push pin to the left of the corresponding language.

Optima Health President and CEO Michael Dudley to Retire December 2017



Michael M. Dudley, President and CEO of Optima Health and Senior Corporate Vice President of Sentara Healthcare, will retire December 31, 2017, after 21 years of leadership and accomplishment with the health plan. Dennis Matheis will succeed Dudley as President, Optima Health, and Senior Corporate Vice President, Sentara Healthcare.

“I cannot thank Mike enough for the dedication, passion, enthusiasm, and motivation he has given Optima Health over the past 21 years. Mike leaves a legacy to be proud of and leaves Optima Health in a strong position for new leadership to take the helm,” said Howard Kern, President & CEO, Sentara Healthcare. “Dennis’s leadership and operating expertise with health plans, his experience in multi-state integration efforts, and familiarity with a variety of health plan products make him the ideal candidate to build upon what Mike has accomplished,” Kern stated.

Dudley announced his decision to retire in November 2016 which began the search for his successor to ensure a seamless leadership transition. Dennis Matheis, Dudley’s successor, has served with Anthem for the past thirteen years, most recently as President of Anthem Central Region and Exchanges and Integration Leader for the Anthem-Cigna Combination.



Dennis’s previous experience includes serving as Chief Executive at Advocate Health Partners, where he was responsible for the Management Services Organization and insurer contracting effort for eight Advocate Physician Hospital Organizations. He gained additional expertise while with three other well-known health plans—Cigna HealthCare, Humana Health Care Plans, and Health Partners of the Midwest. Dennis earned his Bachelor of Science from the University of Kentucky.

Matheis joined Optima Health on November 1, 2017. At this time, Dudley and Matheis will work together for two months before Dudley transitions into a year-long executive role managing special projects within Sentara and Matheis takes the reins of Optima Health.



Optima Community Complete—D-SNP

A Dual Special Needs Plan (D-SNP) is a type of Medicare Advantage plan designed for individuals who receive both Medicare and Medicaid benefits (dual eligible) and includes Medicare Part A, B, and prescription drug coverage under Part D. Optima Health will offer a D-SNP plan, Optima Community Complete (HMO D-SNP), effective 1/1/18. Optima Community Complete will provide an increased level of benefits than those offered through original Medicare – including specialized care for highly sensitive needs and enhanced care coordination.

Membership for Optima Community Complete (HMO D-SNP) is limited to members who participate in DMAS’s CCC Plus program, with enrollment efforts focused on Optima Health Community Care members.



Please note: Dual eligible CCC Plus members are encouraged, but not required, to enroll in the same health plan for their CCC Plus and D-SNP benefits, to simplify and enhance coordination of benefits and reduce the burden on both the member and provider.

Members have the right to enroll in the D-SNP plan of their choice, so please obtain all additional insurance information from patients to ensure proper coordination of benefits for reimbursement.

Most Optima Health providers who are contracted for Optima Health Community Care (CCC Plus) also participate with Optima Community Complete. If you are unsure of your participation status, please contact your practice administrator or your Optima Health Network Educator. Your current participation status for all Optima Health plans is always accessible on your provider profile in the Find Doctor, Drugs and Facilities provider directory on optimahealth.com.

If you have questions about Optima Community Complete (HMO D-SNP), please contact Provider Relations at 1-800-229-8822.

Optima Health Community Care Contacts

Optima Health Community Care (OHCC), the Optima Health CCC Plus plan, has dedicated phone numbers for Provider Relations and Clinical Care Services, including Care Coordination. In addition, there are pre-authorization forms designated specifically for OHCC. Please be sure to utilize the OHCC-specific numbers and forms (found on optimahealth.com/providers) for all inquiries regarding your OHCC members.

OHCC Provider Relations: 1-844-512-3172

Inquiries for all other plans should be directed to the main Provider Relations phone line.

LTSS Providers—CENTIPEDE Health Network

To help ensure the effective delivery of Long Term Services and Supports (LTSS) and community-based care, Optima Health has partnered with CENTIPEDE Health Network to establish and grow a quality network of LTSS providers to serve Optima Health Community Care (OHCC) members. CENTIPEDE is a division of HEOPS, Inc., a leader in networks and support services for LTSS providers.

To provide in-network services for OHCC members, LTSS providers must be credentialed and contracted by CENTIPEDE Health Network. To become a participating provider, please contact CENTIPEDE at 1-855-359-5391 or joincentipede@heops.com.

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LTSS Billing Guide

Attention CENTIPEDE Providers:

The Optima Health LTSS Billing Guide is available in the Billing and Claims section of optimahealth.com/providers. Additional assistance with completing a CMS 1500 form or submitting claims electronically is available from Centipede Health Network: joincentipede@heops.com.



Contracting Team: 1-855-359-5391

Email: joincentipede@heops.com

Reminder—Complete Your Cultural Competency Training

Being equipped to accommodate the needs of an increasingly diverse population is a growing concern in the healthcare community. Cultural competence and effective communication are keys to understanding a patient’s concerns and helping to ensure they understand their healthcare plan.

We strongly encourage all providers to complete cultural competency training. The Optima Health provider directory will display Cultural Competence as a feature on all provider profiles, informing members which providers have completed this important training.

Please visit the [Education](#) section of optimahealth.com/providers for links to cultural competency training opportunities. CME credits are available. Upon completion of training, please complete the [Provider Acknowledgement Form for Cultural Competency](#) so we can credit you for this education.

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Behavioral Health and Medical Care: Patients Benefit When Providers Coordinate Care

People with serious mental illness have a high rate of comorbid medical conditions and premature mortality from cancer, heart disease, stroke, pulmonary disease, and diabetes. Unfortunately, the healthcare they receive can be fragmented between medical and behavioral health providers, often accessing emergency (rather than primary) care. Evidence-based guidelines recommend monitoring patients who are taking antipsychotic medication for potential metabolic effects. This includes measuring and tracking weight/BMI, blood glucose/HgA1c, and LDL-C/cholesterol levels. Quality care requires that all providers involved in a patient’s care are aware of all medications being prescribed and communicate with each other to ensure that appropriate monitoring is being done at least annually.

Communication between behavioral health and primary care providers allows better informed decisions regarding a patient’s treatment and promotes a continuous plan of care. Optima Health encourages this collaboration and monitors continuity of care and care coordination for all members. For your convenience, we provide the [Confidential Exchange of Healthcare Information form](#) available on optimahealth.com/providers to aid in this communication. (Patient signature is not required on this form if you already have a release of information on file that includes disclosure to other healthcare providers.)

Sources:

“Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes.” *Diabetes Care*, American Diabetes Association, 1 Feb. 2004. <<http://care.diabetesjournals.org/content/27/2/596>>.

Metabolic Monitoring for Children and Adolescents on Antipsychotics; Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications; Diabetes Monitoring for People with Diabetes and Schizophrenia; Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia. HEDIS® 2018 Volume 2: Technical Specifications for Health Plans, National Committee for Quality Assurance, 2017.



Data Collection for 2017-18 Foster Care Focused Study for Optima Family Care Providers

DMAS is preparing to collect data for the 2017-18 Foster Care Focused Study, and has contracted with Health Services Advisory Group, Inc. (HSAG), to conduct this study as an optional External Quality Review (EQR) activity.

Beginning in January 2018, M. Davis and Company (MDAC) will contact selected providers to collect the necessary medical records. It is critical to the success of the study that Optima Family Care providers respond with the requested information as soon as possible.

DMAS has the legal authority to request records of Medicaid, FAMIS, and FAMIS Plus recipients as delineated in The Code of Virginia, the Federal Register, the Medicaid Provider Participation Agreement, and the Medicaid Physician Manual. Obtaining a signed release form from the member is not necessary and reimbursement to the provider or to vendors photocopying medical records is not offered.

Optima Family Care providers that receive a medical record request, must send charts to MDAC prior to the **April 6, 2018, deadline**. Please do **not** send charts to MDAC after this date, as those records will not be included in the study.

If you have questions about the 2017-18 Foster Care Focused Study, please contact DMAS via e-mail at MedallionQualityImprovement@dmas.virginia.gov. Thank you for your cooperation towards the success of this project.





Specialty Lab Reminder

Please be sure you are referring Optima Health members to participating specialty lab providers for toxicology and genetic testing. Both Aegis Sciences Foundation and PrecisionDx are contracted toxicology providers. Counsyl is our preferred contracted genetic testing provider.

Please contact your Network Educator to verify whether a lab you wish to use is contracted.

Specialty Lab Providers

Toxicology:

- Aegis Sciences Foundation
- PrecisionDx

Genetic Testing:

- Counsyl

Sleep Studies

Effective March 1, 2018 Sleep Studies will require prior authorization.

Home Sleep Studies are the preferred method of testing. Facility-based studies will require proof of a failed Home Sleep Study or a medical reason why Home Sleep Study testing is contraindicated.





Nursing Facility Claims—RUG-IV Grouper 48

Optima Health has been notified by our clearinghouse that there continues to be a high rate of rejected Medicaid claims due to invalid coding of Nursing Facility claims. For each Medicaid claim, Nursing Facilities must submit the appropriate RUG (Resource Utilization Group) code and assessment identifier for appropriate payment.

- High rate of rejected Medicaid claims due to invalid coding of Nursing Facility claims.
- For each Medicaid claim, Nursing Facilities must submit appropriate:
 - RUG code, and
 - assessment identifier.

DMAS transitioned to the RUG-IV Grouper 48 effective July 1, 2017. DMAS released a detailed Medicaid Memo on May 8, 2017 (New Rates and RUG Grouper Version Change for Nursing Facility Claim Payments Effective July 1, 2017) announcing this change.

Medicaid Memos to Providers:

- viriniamedicaid.dmas.virginia.gov under Provider Services.

Billing guidance for RUGs:

- DMAS Nursing Facility Provider Manual
- viriniamedicaid.dmas.virginia.gov/wps/portal/ProviderManuals in appendix F.



 Pharmacy

January 2018 Pharmacy Changes

These changes apply to plans with pharmacy benefits administered by Optima Health. The purpose of the following is to communicate pharmacy changes effective January 1, 2018.

Note: Pharmacy changes are made on a quarterly basis with effective dates of:

January 1, April 1, July 1, and October 1.

*For Groups without a four-tier pharmacy plan, drugs listed as moving to Tier 4 will remain at Tier 3.

Drug Name	Indication	Description Change (Closed Formularies)	Description Change (Open Formularies)	Description Change (OHCC Formulary)
Actonel® (risedronate)	bone health	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Abilify® (aripiprazole)	antipsychotics	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Adempas® (riociguat)	pulmonary arterial hypertension	Remove Prior Authorization criteria for all formularies, Add MADD limit	Remove Prior Authorization criteria, Add MADD limit	
Ampyra® (dalfampridine)	multiple sclerosis	Remove Prior Authorization criteria, Add to all formularies	Remove Prior Authorization criteria	
Androderm® (testosterone)	testosterone replacement	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Androgel® 1% (testosterone)	testosterone replacement	Move to Non-Preferred Brand status for all formularies	Move to Non-Preferred Brand status	
Apriso® (mesalamine)	Crohn's disease, ulcerative colitis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Asacol® HD (mesalamine)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Atelvia® (risedronate)	bone health	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Austedo™ (deutetrabenazine)	Huntington chorea, tardive dyskinesia, tourette syndrome	MAY ADD with Prior Authorization for all formularies	MAY ADD with Prior Authorization	
Axiron® (testosterone)	testosterone replacement	Move to Non-Preferred Brand status for all formularies	Move to Non-Preferred Brand status	
Bavencio® (avelumab)	oncology	MAY ADD Medical Benefit for all formularies	MAY ADD Medical Benefit	



Pharmacy

Drug Name	Indication	Description Change (Closed Formularies)	Description Change (Open Formularies)	Description Change (OHCC Formulary)
Benlysta® (belimumab)	systemic lupus erythematosus	Updated Prior Authorization criteria	Updated Prior Authorization criteria	
Binosto® (alendronate sodium)	bone health	Remove Step-Edit criteria, Add to all formularies	Remove Step-Edit criteria	
Botox® (onabotulinumtoxinA)	upper & lower limb spasticity	Updated Prior Authorization criteria, Medical Benefit	Updated Prior Authorization criteria, Medical Benefit	
Canasa® (mesalamine)	Crohn's disease, ulcerative colitis	Move to Preferred Brand for all formularies	Move to Preferred Brand status	
Cimzia® (certolizumab pegol)	ankylosing spondylitis, Crohn's disease, psoriatic arthritis, rheumatoid arthritis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Colazal® (balsalazide)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Crestor® (rosuvastatin)	hyperlipidemia	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Delzicol® (mesalamine)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Dipentum® (olsalazine)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Duavee® (conjugated estrogens/bazedoxifene)	women's health	Remove Prior Authorization criteria, Add to all formularies	Remove Prior Authorization criteria	
Duexis® (ibuprofen/famotidine)	pain	Update Step-Edit criteria for all formularies	Update Step-Edit criteria	
Dulera® (mometasone/formoterol)	asthma	Move to Non-Preferred Brand status for all formularies, Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Dysport® (abobotulinumtoxinA)	lower limb spasticity	Updated Prior Authorization criteria and dosing for all formularies, Medical Benefit	Updated Prior Authorization criteria and dosing, Medical Benefit	
Eliquis® (apixaban)	anticoagulant	Remove Prior Authorization criteria, Add to all formularies	Remove Prior Authorization criteria	
Enbrel® (etanercept)	ankylosing spondylitis, plaque psoriasis, psoriatic arthritis	Move to Non-Preferred Brand status for all formularies	Move to Non-Preferred Brand status	

 Pharmacy

Drug Name	Indication	Description Change (Closed Formularies)	Description Change (Open Formularies)	Description Change (OHCC Formulary)
Epclusa® (sofosbuvir/velpatasvir)	hepatitis-C	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Evzio® (naloxone)	opioid overdose	Removed Step-Edit; added Prior Authorization criteria; changed MADD Limit		
Exondys 51™ (eteplirsen)	Duchenne muscular dystrophy	MAY ADD Medical Benefit with Prior Authorization for Medicaid only		
Flector® (diclofenac)	pain	Add Step-Edit criteria for all formularies, Remove Prior Authorization criteria	Add Step-Edit criteria, Remove Prior Authorization criteria	
Forteo® (teriparatide)	osteoporosis	Add MADD limit and lifetime max for all formularies	Add MADD limit and lifetime max	
Gelclair® (mucosal coating agent)	saliva substitutes	May Add with MADD Limit and Step-Edit required for most formularies Non-formulary for Medicaid	May Add with MADD Limit and Step-Edit required	
Glatiramer acetate 20mg and 40mg	multiple sclerosis	Exclude from all formularies	Exclude from formulary	
Harvoni® (ledipasvir/sofosbuvir)	hepatitis-C	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Humira® (adalimumab)	moderate to severe plaque psoriasis, arthritis	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Ingrezza™ (valbenazine)	antipsychotics	MAY ADD with Prior Authorization	MAY ADD with Prior Authorization	
Intuniv® (guanfacine ER)	attention deficit hyperactivity disorder	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Kevzara® (sarilumab)	rheumatoid arthritis	MAY ADD with Step-Edit required	MAY ADD with Step-Edit required	
Kymriah™ (tisagenlecleucel)	oncology	MAY ADD Medical Benefit for all formularies	MAY ADD Medical Benefit	
Lialda® (mesalamine)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Mavyret™ (glecaprevir/pibrentasvir)	hepatitis-C	MAY ADD with Prior Authorization for all formularies	May Add with Prior Authorization	
Mesalamine DR 800mg	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	



Pharmacy

Drug Name	Indication	Description Change (Closed Formularies)	Description Change (Open Formularies)	Description Change (OHCC Formulary)
Mirvaso® (brimonidine)	rosacea	Remove Prior Authorization criteria, Add to all formularies	Remove Prior Authorization criteria	
Norditropin® (somatropin)	growth hormone	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Nutropin AQ® (somatropin)	growth hormone	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Orencia® SQ (abatacept)	psoriatic arthritis	Updated Prior Authorization criteria for all formularies	Updated Prior Authorization criteria	
Otezla® (apremilast)	plaque psoriasis	Move to Preferred Brand status with Step-Edit criteria for all formularies	Move to Preferred Brand status with Step-Edit criteria	
Pancreaze® (pancrelipase)	pancreatic enzymes	Move to Non-Preferred Brand status, Add Step-Edit criteria for all formularies	Move to Non-Preferred Brand status, Add Step-Edit criteria	
Pegasys® (peginterferon alfa-2a)	hepatitis-C	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Pennsaid® 1.5%	pain	Remove Prior Authorization criteria, Add generic to all formularies	Remove Prior Authorization criteria	
Pennsaid® 2%	pain	Add Step-Edit criteria for all formularies, Remove Prior Authorization criteria	Add Step-Edit criteria, Remove Prior Authorization criteria	
Pentasa® (mesalamine)	Crohn's disease, ulcerative colitis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Pertzye® (pancrelipase)	pancreatic enzymes	Move to Non-Preferred Brand status, Add Step-Edit criteria for all formularies	Move to Non-Preferred Brand status, Add Step-Edit criteria	
Pradaxa® (dabigatran)	anticoagulant	Update Prior Authorization criteria for all formularies	Update Prior Authorization criteria	
Radicava™ (edaravone)	amyotrophic lateral sclerosis (ALS)	MAY ADD Medical Benefit with Prior Authorization	MAY ADD Medical Benefit with Prior Authorization	
Restasis® (cyclosporine)	keratoconjunctivitis sicca	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Revatio® (sildenafil)	pulmonary arterial hypertension	Add MADD limit for all formularies	Add MADD limit	
Rhofade® (oxymetazoline)	rosacea	MAY ADD for all formularies		

 Pharmacy

Drug Name	Indication	Description Change (Closed Formularies)	Description Change (Open Formularies)	Description Change (OHCC Formulary)
Rubraca® (rucaparib)	ovarian cancer	MAY ADD with Prior Authorization for all formularies	MAY ADD with Prior Authorization	
Siliq™ (brodalumab)	moderate to severe plaque psoriasis	MAY ADD with Step-Edit required for all formularies	MAY ADD with Step-Edit required	
Simponi® (golimumab)	ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Skelid® (tiludronate)	bone health	Remove Step-Edit criteria for all formularies	Remove Step-Edit criteria	
Stelara® (ustekinumab)	Crohn's disease, plaque psoriasis, psoriatic arthritis	Move to Preferred Brand status for all formularies	Move to Preferred Brand status	
Symbicort® (budesonide/formoterol)	asthma, chronic obstructive pulmonary disease (COPD)	Remove Prior Authorization criteria, Add to all formularies, Move to Preferred Brand status	Remove Prior Authorization criteria, Move to Preferred Brand status	
TOBI® Podhaler® (tobramycin)	cystic fibrosis	Add Step-Edit criteria for all formularies, Remove Prior Authorization criteria	Add Step-Edit criteria, Remove Prior Authorization criteria	
TOBI® Inhalation Solution (Tobramycin)	cystic fibrosis	Remove Prior Authorization criteria	Remove Prior Authorization criteria	
Tremfya™ (guselkumab)	moderate to severe plaque psoriasis	MAY ADD with Prior Authorization for all formularies	MAY ADD with Prior Authorization	
Trulance™ (plecanatide)	chronic idiopathic constipation	MAY ADD with Step-Edit criteria for all formularies	MAY ADD with Step-Edit criteria	
Tymlos™ (abaloparatide)	osteoporosis	MAY ADD with MADD limit and lifetime maximum	MAY ADD with MADD limit and lifetime maximum	
Uceris® Foam (budesonide)	Crohn's disease, ulcerative colitis	Add Step-Edit criteria for all formularies	Add Step-Edit criteria	
Ultresa™ (pancrelipase)	pancreatic enzymes	Move to Non-Preferred Brand status, Add Step-Edit criteria for all formularies	Move to Non-Preferred Brand status, Add Step-Edit criteria	
Valcyte® (valganciclovir)	HIV	Changed quantity limit	Changed quantity limit	
Vimovo® (naproxen/esomeprazole)	pain	Update Step-Edit criteria for all formularies	Update Step-Edit criteria	
Viokace™ (pancrelipase)	pancreatic enzymes	Move to Non-Preferred Brand status, Add Step-Edit criteria for all formularies	Move to Non-Preferred Brand status, Add Step-Edit criteria	

 Pharmacy

Drug Name	Indication	Description Change (Closed Formularies)	Description Change (Open Formularies)	Description Change (OHCC Formulary)
Vivlodex® (meloxicam)	pain	Add with Step-Edit required	Add with Step-Edit required, Remove Prior Authorization criteria	
Vosevi® (sofosbuvir/velpatasvir/voxilaprevir)	hepatitis-C	MAY ADD with Prior Authorization for all formularies	May Add with Prior Authorization	
Xadago® (safinamide)	Parkinson's disease	MAY ADD with Step-Edit	MAY ADD with Step-Edit	
Xarelto® (rivaroxaban)	anticoagulant	Remove Prior Authorization criteria for all formularies	Remove Prior Authorization criteria	
Xeljanz®/Xeljanz® XR (tofacitinib citrate)	rheumatoid arthritis	Move to Non-Preferred Brand status for all formularies	Move to Non-Preferred Brand status	
Xiidra® (lifitegrast)	dry eye disease	MAY ADD to Preferred Brand status for all formularies	Move to Preferred Brand status	
Zejula® (niraparib)	cancer	MAY ADD with Step-Edit criteria for all formularies	MAY ADD with Step-Edit criteria	MAY ADD
Zorvolex® (diclofenac)	pain	Update Step-Edit criteria for all formularies	Update Step-Edit criteria	
Zykadia® (ceritinib)	lung cancer	Updated Prior Authorization criteria for most formularies	Updated Prior Authorization criteria	

On rare occasions, updates are made between content submission deadlines and newsletter publication dates. For the most current list of pharmacy changes, please visit the [drug lists](#) section under “Pharmacy” on optimahealth.com/providers.

2017 (CY2016) HEDIS® Results

The 2017 (CY2016) HEDIS®¹ results are now available to view or print from the HEDIS page of optimahealth.com/providers (on the provider home page, select [Quality Improvement](#) from the bottom navigation menu, then select [HEDIS](#)).

You may also download a PDF of the results by clicking the following link: [2017 \(CY2016\) HEDIS and CAHPS®² Results](#).

¹ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

² CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



New Measures for HEDIS® 2018

The 2018 HEDIS® measures have been released.

For a quick and easy reference, containing descriptions and tips to help improve rates of compliance, individual pages are now available to view or print from the [HEDIS Measures](#) page of optimahealth.com/providers.

For a comprehensive [list](#), as well as Frequently Asked Questions, please visit the HEDIS page of optimahealth.com/providers (on the provider home page, select [Clinical Reference](#), then select [HEDIS Measures](#)).

For additional information on HEDIS Measures, or the Medical Record Review process, please contact the Quality Improvement Department at 757-252-8400 or 844-620-1015.

HEDIS® 2018 (CY2017) Update

In order to meet NCQA's timeline for submission of all HEDIS® data, Optima Health must complete all data collection and on-site medical record reviews by **May 2, 2018**.



Preserve the Power of Antibiotics

Antibiotic-resistant bacteria cause more than **two million illnesses** and at least **23,000 deaths each year** in the United States. Antibiotic resistance occurs when germs no longer respond to the drugs designed to kill them. Inappropriate prescribing of antibiotics contributes to antibiotic resistance and is a threat to patient safety.

Healthcare providers can assist in the fight against antibiotic-resistant bacteria by:

- **Prescribing correctly**
 - » **Avoid treating viral syndromes with antibiotics**, even when patients ask for them.
 - » **Pay attention to dose and duration.** The right antibiotic needs to be prescribed at the right dose for the right duration.
 - » **Be aware of antibiotic-resistance patterns** in your area so that you can always choose the right antibiotic.
 - » Hospital and nursing home providers should **reassess within 48 hours of starting the antibiotic**, when the patient's culture results come back. Adjust the prescription, if necessary. Stop the prescription, if indicated.
- **Collaborating with each other and with patients**
 - » **Talk to your patients** about appropriate use of antibiotics.
 - » **Include microbiology cultures**, when possible, when ordering antibiotics.
 - » **Work with pharmacists** to ensure appropriate antibiotic use and prevent resistance and adverse events.
 - » **Use patient and provider resources** offered by the Centers for Disease Control and Prevention (CDC) and professional organizations such as Society for Healthcare Epidemiology.
 - Provider Resources: <http://www.cdc.gov/getsmart/>
 - Patient Resources: <http://www.cdc.gov/getsmart/community/for-patients/index.html>
 - General Information: http://www.cdc.gov/drugresistance/protecting_yourself_family.html
- **Stopping the spread**
 - » **Follow hand hygiene and other infection control measures** with every patient.
- **Embracing antibiotic stewardship**
 - » **Improve antibiotic use** in all facilities—regardless of size—through stewardship interventions and programs, which will improve individual patient outcomes, reduce the overall burden of antibiotic resistance, and save healthcare dollars.
 - » **Recognize and participate** in CDC's annual [Antibiotic Awareness Week](#) initiatives.

Source: "Preserve the Power of Antibiotics." *CDC Stacks*, Centers for Disease Control and Prevention, 10 Nov. 2015. <stacks.cdc.gov/view/cdc/35746/Share>.



NCQA for Providers: Improving Quality

Healthcare quality means giving the right care in the right amount at the right time.

- The **right care** incorporates evidence-based treatments that work—treatments that fit the patient’s values, lifestyle, and circumstances.
- The **right amount** of care makes the best use of resources and does not harm the patient by providing “too little” care or giving “too much.”
- The **right time** of care matters because often the best treatment is care that keeps people from getting sick in the first place.

NCQA improves healthcare by measuring its quality. It uses HEDIS® and CAHPS® to measure overall quality.

HEDIS evaluates whether doctors and nurses are making the best use of resources or providing unnecessary care that may harm members.

CAHPS evaluates our members’ experience of care—whether they got the care they needed in a timely manner and their overall views of Optima Health and their provider(s).

Together, HEDIS and CAHPS are the key to how we receive accreditation, and how we rank amongst other insurers. It also shows Optima Health and our providers opportunities for improvement.

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Older Adult Fall Prevention

Falls are a serious threat to the health and well-being of older patients. As healthcare providers, you play an important role in caring for older adults. When seeing patients age 65 and older, consider making these three questions a routine part of your exam:

1. Have you fallen in the past year?
2. Do you feel unsteady when standing or walking?
3. Do you worry about falling?

If your patient answers “yes” to any of these key screening questions, they are considered at increased risk of falling and further assessment is recommended.

Source: “STEADI - Older Adult Fall Prevention.” Centers for Disease Control and Prevention, 24 Mar. 2017. <<https://www.cdc.gov/steadi/materials.html>>.



Opioid Prescribers Can Play a Key Role in Stopping the Opioid Overdose Epidemic

Prescription opioid medications can help treat and manage severe pain but may pose risks for addiction, overdose, and death.

- The risk of addiction, overdose, and death is increased when patients are prescribed higher doses of prescription opioids.
- In a recent study, nearly 60% of patients using prescription opioids were also taking other prescription drugs that put them at higher risk of overdose; more than 29% were prescribed benzodiazepines, 28% were prescribed muscle relaxants, and 8% were prescribed all three medications concurrently.
- Misuse of prescription opioids is a risk factor for heroin use—80% of people initiating heroin use report prior misuse of prescription opioids.

Chronic pain affects 100 million Americans, but opioids may not be appropriate for many pain patients.

- In 2014, Americans filled 245 million prescriptions for opioid pain relievers, making them the most frequently prescribed medication in the U.S.
- Among new pain patients who take prescription opioids for more than 30 days in the first year, 47% continued to do so for three years or longer.
- Patients with central pain syndromes (e.g., fibromyalgia, tension headaches) respond better to antidepressant and anticonvulsant medications than to opioids.
- Chronic opioid use can lead to increased pain sensitivity, exacerbating pain conditions.

Prescribers should re-evaluate opioid prescriptions after nonfatal overdoses.

- One recent study found opioids were prescribed to 91% of patients following a nonfatal overdose.
- Of these patients, 63% remained on a high dose of prescription opioids after overdosing, and 17% of these patients overdosed again within two years.

Implementation of opioid prescribing guidelines can save lives.

- Clinical practice guidelines promote safer, more effective chronic pain treatment while reducing the number of people who misuse opioids, develop an opioid use disorder, or overdose from these powerful drugs.
- After Washington State introduced voluntary opioid guidelines in 2007, prescription opioid-related overdose deaths among injured workers dropped by half.
- In 2016, the Centers for Disease Control and Prevention (CDC) released the following national Guideline for Prescribing Opioids for Chronic Pain: <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

Source: NIDA. "Improving Opioid Prescribing." *National Institute on Drug Abuse*, 30 Mar. 2017. <<https://www.drugabuse.gov/improving-opioid-prescribing>>.

 Quality Improvement

Together, We Can Make a Positive Impact on Diabetic Eye Health

People with diabetes are at higher risk for diabetic retinopathy. Our goals are to increase the percentage of adults with diabetes getting an annual dilated eye examination, and improve the coordination of care and information shared between our providers and the optometrists and ophthalmologists.

To help prevent vision loss and blindness, providers can encourage their patients to get a comprehensive dilated eye examination annually, and remind patients to follow these steps to keep their health on **TRACK**:

- **T**ake medications as prescribed.
- **R**each and maintain a healthy weight.
- **A**dd more physical activity to your daily routine.
- **C**ontrol your ABCs—A1c, blood pressure, and cholesterol levels.
- **K**ick the smoking habit.

What needs to be in the medical record?

At a minimum, documentation in the medical record must include one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, PCP, or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date the procedure was performed, and the results.
- A chart or photograph indicating the date the fundus photography was performed, and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
- Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member's history through December 31 of the measurement year.





2017 Medical Record Audit Identifies Strengths and Improvement Opportunities

Complete and consistent documentation in patient medical records is an important component of quality patient care. As part of the annual HEDIS® audit this past year, a random sample of medical records was reviewed for specific compliance with medical record documentation standards.

Identified areas of strength:

- There is evidence that preventive screening services are offered for adults 21 and older.
- Specialist's consult notes are in the medical record.
- Allergies to medications are prominently noted.
- There is appropriate notation concerning the use of cigarettes, alcohol, and substances in patients 12 and older.

Identified areas for improvement:

- Documentation of care rendered at an Ambulatory Surgical Center.
- Documentation of Continuity and Coordination of Care with Behavioral Health Practitioners.
- Documentation of Advance Directive noted in the record.

Recommendations for improvement:

- Obtain consent from member to release information from behavioral health practitioner.
- Discharge summary from inpatient admission and/or Ambulatory Surgical Center should be included in medical record.
- Include a copy of Advance Directive in the medical record.

For additional information on medical record standards, Advance Directives, and preventive health guidelines, refer to the Optima Health Provider Manual, or visit optimahealth.com/providers.

To obtain a hard copy of any of this information please contact the Quality Improvement Department at 1-757-252-8418 or 1-844-620-1015.



Important Phone Numbers

Provider Relations	757-552-7474 or 1-800-229-8822 OHCC: 1-844-512-3172
Provider Relations Fax	757-961-0565
Behavioral Health Provider Relations	757-552-7174 or 1-800-648-8420
Medical Care Management (Pre-Authorization)	757-552-7540 or 1-800-229-5522 OHCC: 1-866-546-7924
Network Educators	757-552-7085 or 1-877-865-9075
Health and Preventive Services	757-687-6000
Proprium Pharmacy	1-855-553-3568
Proprium Pharmacy Fax	1-844-272-1501

Please note new phone numbers for Optima Health Community Care (OHCC).

Keep Your Practice Information Up to Date

Please notify Optima Health of **any** changes to provider or practice information **with 60 days' notice**, or as soon as possible, especially changes to:

- provider rosters,
- panel status,
- address/phone numbers, and
- **practice email address** for official communication from Optima Health.

Medical providers should contact their Network Educator at 1-877-865-9075 with this information; Behavioral Health providers should complete the [Behavioral Health Provider Update Form](#).

Thank you for your partnership in providing accurate information to our members!