



## 2018 ANNUAL MEMBER NOTICE

This annual notice serves as our commitment to providers and compliance with the National Committee for Quality Assurance (NCQA), state and federal regulations and mandates.

### AFFIRMATIVE STATEMENTS

Optima Health affirms:

1. Utilization Management (UM) decision making is based only on appropriateness of care and service and existence of coverage.
2. We do not specifically reward practitioners or other individuals for issuing denials of coverage.
3. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

### ADVANCE DIRECTIVES

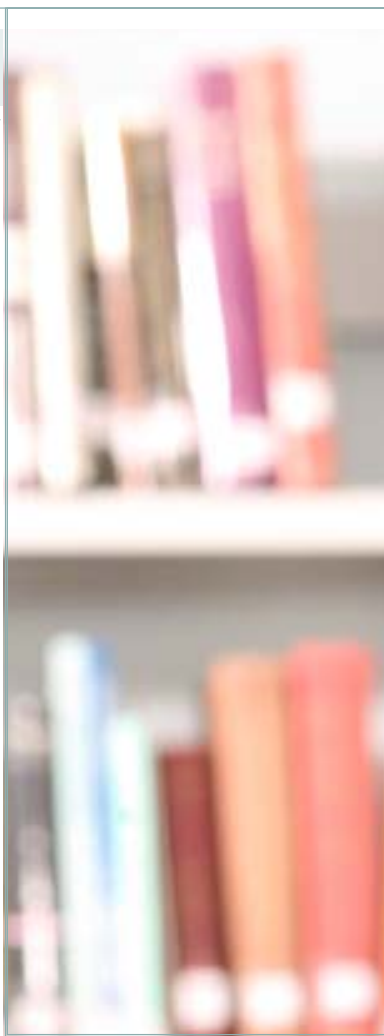
Optima Health will provide members with information related to Advance Directives, Living Wills, Appointment of a Healthcare Agent, and Organ Donation and Anatomical Gift Designation in compliance with the Patient Self-Determination Act and the applicable state law requiring any service provider to inform adult patients about the laws concerning the patient's rights to accept or refuse care and the right to make advance directives about their care.

Access Advance Directive educational information for providers, including provider and health plan obligations under state law, online at [www.optimahealth.com](http://www.optimahealth.com).

### APPEALS

Optima Health has a formal process that allows for member concerns to be addressed with the appropriate departments/persons within Optima Health. Research into member concerns is conducted in a timely manner to accommodate any clinical urgency of the situation. Upon research and completion, you will be notified of the resolution to your concern. If your concern involves a denial of a covered service or claim, Optima Health includes a formal appeals process. You may be eligible for a routine appeal or an expedited appeal if an emergency medical condition exists.

If you would like to download an appeal packet please visit our website at [optimahealth.com/members](http://optimahealth.com/members) or contact Member Services at the number listed on the back of your member ID card to initiate the appeals procedure.



#### INSIDE THIS ISSUE

- |       |  |
|-------|--|
| 1     | Affirmative Statements, Advance Directives, Appeals              |
| 2     | Access to Case Management, Cultural Diversity, Confidentiality   |
| 3     | Continuity and Coordination of Care, Communication               |
| 4     | Discussing a Denial, Members with Disease Management, Guidelines |
| 5     | Language Access, Quality Improvement Progress Report             |
| 6-9   | HEDIS® Rates for 2017 CY 2016                                    |
| 10    | CAHPS® Survey Results  |
| 11-12 | Rights and Responsibilities, Privacy Practices                   |
| 13    | Quality Improvement Program and Work Plan                        |
| 14    | Self-Management Tools  |
| 15    | Technology Assessment, Contact Us                                |

This information is also available on [www.optimahealth.com](http://www.optimahealth.com)



### CONFIDENTIALITY AND PROTECTION OF ORAL, WRITTEN, AND ELECTRONIC PERSONAL HEALTH INFORMATION (PHI)

Optima Health employees are trained in the collection, use, and disclosure of member PHI. This can include the use of authorizations. Employee access to Optima Health and Sentara Healthcare information is limited to the required minimum necessary access to provide services. It is an expectation that all Optima Health employees communicate internal and external protection of oral, written, and electronic PHI across the organization. This includes protection of information disclosed to plan sponsors or employers. A confidentiality statement is signed by all employees annually.

## ACCESS TO CASE MANAGEMENT

**Case Management** is a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes. Healthcare Service Teams (case management services) are comprised of clinical professional staff, behavioral health clinicians, and non-clinical staff.

### Types of issues which may be referred to Healthcare Services:

- Members with complex medical issues who utilize multiple services
- Members who are non-adherent with treatment plans
- Members who frequently utilize services without consulting a Primary Care Physician (PCP) or Specialist
- Members who frequently utilize the emergency department
- Members who could benefit from disease management of heart failure, metabolic cardiovascular disease, asthma, COPD, or obesity

For more information, contact Member Services at 757-552-8975.

## CULTURAL DIVERSITY

It is the Optima Health mission "To Improve Health Every Day." One way we do this is by offering classes to the physicians in our network on topics that may assist them to better serve our members. Our community is made up of people from many different backgrounds and cultures, with different traditions, languages, and attitudes.

Members are encouraged to:

- visit and speak to their Primary Care Provider often;
- use interpreter or translation services if needed;
- remember that some cultures have specific beliefs surrounding health and wellness;
- understand diagnosis, procedures, and follow-up requirements; and
- ask for education materials in language that best suits you.

If you need interpretation services, help finding a physician to meet a particular culture or language need, please call Member Services.

## CONTINUITY AND COORDINATION OF CARE

Optima Health strives to ensure ongoing collaboration and transition between Primary Care Physicians (PCPs), Specialists, and Behavioral Health Providers, as well as between PCPs and other types of Providers. Other types of Providers include:

- inpatient settings:
  - ◇ hospitals
  - ◇ skilled nursing facilities
  - ◇ nursing homes
- outpatient settings:
  - ◇ home health agencies
  - ◇ ambulatory surgical centers

Optima Health monitors whether members have continued access to practitioners and if they are able to transition to other care to prevent potential problems and take action to lessen unplanned transitions. If a practitioner leaves the Provider Network, except for cause, the member may have continued access to that practitioner under the following circumstances:

1. Members undergoing active treatment for a chronic or acute medical condition have access to their discontinued practitioner through the current period of active treatment or up to 90 calendar days, whichever is shorter.
2. Members in their second or third trimester of pregnancy have access to their discontinued practitioner through the postpartum period.
3. Members who are receiving care directly related to the treatment of a terminal illness have access to their discontinued practitioner for the remainder of their life.

If the PCP terminates in a plan that requires a PCP, notice will be sent to the member by Optima Health at least 30 days prior to the PCP termination with the assignment of a new PCP stated in the letter. Members will have the option of changing to another PCP if they desire.

Within 15 days of receiving notice that a specialist practice is terminating, Optima Health will send notification of the pending termination to all members that have been seen by the Specialist practice within the past 12 months.

Optima Health helps members transition to other care if necessary. Transition to other care includes:

- when member benefits end, or
- transition from pediatric care to adult care.

## COMMUNICATION SERVICES

Optima Health provides access to staff for members and practitioners seeking information about the UM process and the authorization of care.

The Plan offers the following communication services for its members and practitioners:

- Optima Health employees are available at least 8 hours during normal working hours
- Optima Health employees can receive inbound communications regarding UM issues after normal business hours
- Optima Health employees are identified by name, title, and organization name when initiating or returning calls regarding UM issues
- TDD/TTY services for members who need them
- Language assistance for members to discuss UM issues

## **DISCUSSING A DENIAL**

Optima Health notifies and provides its practitioners with the opportunity to discuss denial decision(s) with an appropriate peer (physician/Medical Director or pharmacist).

Please refer to your Appeals packet regarding reconsiderations of adverse decisions/denials.

## **DISEASE MANAGEMENT**

**Clinical Programs to Promote Health** – We have trained healthcare staff available to help you if you have diseases such as diabetes, asthma, COPD (chronic obstructive pulmonary disease), CAD (coronary artery disease), CHF (congestive heart failure), high blood pressure, high cholesterol, cancer, or kidney disease. Our goal is to empower you to manage your disease through education, support, and resources. We encourage you to work with your doctor to develop, and stick to, an effective management plan.

Any Optima Health member may participate in an Optima Health Disease Management Program. Members of the Healthcare services team receive referrals for members who may benefit from one of the disease management programs. Once a member is identified, they may be contacted by a case manager or patient service coordinator. For more information on this process please visit My Life, My Plan on our website at [optimahealth.com/members](https://optimahealth.com/members).

If you have not been contacted and would like to participate in an Optima Health Disease Management Program and are an Optima Health member, please call Member Services at the phone number on your medical ID card. Members may opt in or out of this program.

## **MEDICAL, BEHAVIORAL HEALTH AND PREVENTATIVE GUIDELINE UPDATES**

The guidelines are based on published national guidelines, literature review, and the expert consensus of clinical practitioners. They reflect current recommendations for screening, diagnostic testing, and treatment. These guidelines are published by Sentara Health Plans, Inc. (SHP) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these guidelines. The SHP guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

Copies of clinical guidelines are available via mail, email, fax, or online. Please contact Quality Improvement department at 1-844-620-1015 for a copy.

## **LANGUAGE ACCESS NETWORK**

The Language Access Network provides access 24 hours a day, 7 days a week access to live video/audio remote interpreter services. Optima Health will use all reasonable means to facilitate healthcare services for members with Special Communication Needs. To ensure the needs of members with physical, mental, language and/or cultural barriers are properly accommodated; members with special needs should be instructed to call Member Services at the number on the back of their member ID card. All auxiliary aids (e.g., TTY phone), sign language, and foreign interpreter services are made available to members.

### **Hearing Impaired Resources:**

- Virginia Department for the Deaf and Hard of Hearing [www.vddhh.org](http://www.vddhh.org)  
Voice/TTY 1-804-662-9502 or 1-800-522-7917
- Virginia Relay [www.varelay.org](http://www.varelay.org)  
TTY – Dial 7-1-1  
Speech to Speech (STS) access 1-866-221-6784  
Voice/TTY 1-800-828-1140 or 1-800-828-1120

### **Foreign Language Resource:**

- Virginia Interpreter Services and Language Translations Services 1-855-687-6260

## **QUALITY IMPROVEMENT (QI) PROGRAM AND HEDIS<sup>®1</sup> PROGRESS REPORT**

Each year, Optima Health is required by the Centers for Medicare and Medicaid Services (CMS) Department of Medical Assistance and Services (DMAS) and the National Committee for Quality Assurance (NCQA) standards to make available an annual QI Program Progress Report to our members and providers. Optima Health offers a comprehensive QI program that focuses on objectively and systematically improving the quality of medical and behavioral health care and services for our members. The Plan has received NCQA Accreditation for its commercial HMO/POS health plans, Medicaid HMO product, and Marketplace plans. NCQA accredits and certifies the Health Plan by assessing, reporting, and improving on the quality of care and how well the plan manages all parts of its delivery system and services (e.g., physicians, hospitals, other providers and administrative services). Optima Health uses epidemiology, demographics and analysis of the previous year QI monitoring rates to annually update its QI program and monitor services that are high volume, high cost, high risk, high impact and/or problem prone. Progress is continuously evolving as we look for opportunities of improvement in quality of care and the services provided to our members.

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

MEASURE		HEDIS 2016 CY 2015	HEDIS 2017 CY 2016	NCOA and Quality Compass <sup>2</sup> Benchmarks
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents	BMI Percentile	70.47%	75.82%	90 <sup>th</sup> (82%)
	Counseling for Nutrition	63.49%	69.01%	90 <sup>th</sup> (79%)
	Counseling for Physical Activity	56.98%	59.86%	75 <sup>th</sup> (66%)
Well-Child Visits in the First 15 Months of Life (6 or more visits)		85.93%	84.71%	89.28%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		81.26%	81.33%	87.82%
Adolescent Well-Care Visits		44.77%	46.28%	53.13%
Childhood Immunization Status	Combo 2	82.87%	82.87%	90 <sup>th</sup> (87%)
	Combo 3	80.79%	80.79%	80.79%
	Combo 10	53.01%	58.47%	75 <sup>th</sup> (60%)
Adolescent Immunization Status	Combo 1	67.59%	69.61%	25 <sup>th</sup> (71%)
	Combo 2	N/A	12.53%	50 <sup>th</sup> (12.9%)
Human Papillomavirus Vaccine (HPV)		21.11%	14.39%	18%
Appropriate Treatment for Children with URI		88.75%	86.33%	87%
Appropriate Testing for Children with Pharyngitis		89.16%	90.72%	91%
Adult BMI Assessment		88.14%	86.08%	90 <sup>th</sup> (91%)
Breast Cancer Screening		76.92%	77.04%	90 <sup>th</sup> (80%)
Cervical Cancer Screening		76.76%	76.66%	75 <sup>th</sup> (77%)
Chlamydia Screening in Women		47.94%	48.70%	75 <sup>th</sup> (50%)
Colorectal Cancer Screening		67.49%	67.01%	90 <sup>th</sup> (72%)
Controlling High Blood Pressure		61.96%	56.31%	75 <sup>th</sup> (65%)
Persistence of Beta-Blocker Treatment After a Heart Attack		90.07%	86.36%	75 <sup>th</sup> (89%)
Comprehensive Diabetes Care	Retinal Exam	58.55%	72.04%	90 <sup>th</sup> (69%)
	HbA1c Screening Rate	91.81%	91.00%	90 <sup>th</sup> (94%)
	HbA1c > 9.0% **	26.02%	24.64%	90 <sup>th</sup> (22%)
	HbA1c < 8.0%	62.41%	64.22%	90 <sup>th</sup> (66%)
	Monitoring for Nephropathy	89.64%	91.23%	90 <sup>th</sup> (93%)
	BP Control < 140/90	64.34%	62.80%	75 <sup>th</sup> (68%)
Asthma Medication Ratio	Total	82.44 %	84.02%	Maintain 90% (84%)
Medication Management for People With Asthma	50%	72.44%	75.20%	N/A
	75%	48.71%	52.73%	75 <sup>th</sup> (55%)
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		15.25%	17.28%	25 <sup>th</sup> (21%)
Pharmacotherapy Management of COPD Exacerbation	Systemic Corticosteroid	75.16%	81.29%	90 <sup>th</sup> (84%)
	Bronchodilator	84.31%	84.52%	90 <sup>th</sup> (89%)
Prenatal & Postpartum Care	Timeliness of Prenatal Care	88.51%	89.57%	90 <sup>th</sup> (95%)
	Postpartum Care	85.44%	84.35%	90 <sup>th</sup> (87%)
Follow-Up After Hospitalization for Mental Illness	7 Day	46.55%	58.73%	90 <sup>th</sup> (66%)
	30 Day	66.55%	80.50%	90 <sup>th</sup> (82.12%)
Antidepressant Medication Management	Acute Phase	65.32%	68.70%	50 <sup>th</sup> (69%)
	Continuation	50.43%	52.37%	75 <sup>th</sup> (56%)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Engagement of AOD Treatment: Total	9.67 %	8.65%	25 <sup>th</sup> (12%)
Follow-Up Care for Children Prescribed ADHD Medication	Initiation Phase	40.68%	32.91%	25 <sup>th</sup> (36%)
	Continuation and Maintenance Phase	48.98%	36.75%	25 <sup>th</sup> (42%)
Use of Imaging Studies for Low Back Pain **		68.00%	68.67%	25 <sup>th</sup> (72%)
Flu Vaccinations (Adults 18–64)		52.7%	56.8%	90 <sup>th</sup> (58%)
Spirometry Testing in Assessment and Diagnosis of COPD		41.87%	43.30%	75 <sup>th</sup> (45%)
Plan All-Cause Readmission	Observed Readmission Rate	0.8964	0.7855	25 <sup>th</sup> (.7777)
Statin Therapy for Patients with Cardiovascular Disease	Received Statin Therapy	80.43%	78.56%	50 <sup>th</sup> (80.32%)
	Statin Adherence 80%	87.42%	66.52%	50 <sup>th</sup> (71.21%)

MEASURE		HEDIS 2016 CY 2015	HEDIS 2017 CY 2016	NCOA and Quality Compass Benchmarks
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents	BMI Percentile	54.76%	60.88%	50 <sup>th</sup> (68%)
	Counseling for Nutrition	52.44%	57.1%	50 <sup>th</sup> (63%)
	Counseling for Physical Activity	42.69%	45.37%	50 <sup>th</sup> (55%)
Childhood Immunization Status	Combo 2	76.39%	76.39%	75 <sup>th</sup> (79%)
	Combo 3	72.69 %	72.92%	75 <sup>th</sup> (76.45%) **
	Combo 10	39.58 %	36.57%	75 <sup>th</sup> (41%)
Adolescent Immunization Status	Combo 1	61.61%	62.04%	25 <sup>th</sup> (66%)
	Combo 2	N/A	14.81%	N/A **
Human Papillomavirus Vaccine (HPV)		16.90%	17.13%	25 <sup>th</sup> (17%) **
Well-Child Visits in the First 15 Months of Life ( 6 or more visits)		67.76%	67.53%	90 <sup>th</sup> (73.88%) **
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		74.17%	80.47%	90 <sup>th</sup> (82.97%) **
Adolescent Well-Care Visits		44.44%	48.84%	75 <sup>th</sup> (57.66%) **
Appropriate Treatment for Children with URI		87.03%	85.42%	50 <sup>th</sup> (89%)
Appropriate Testing for Children with Pharyngitis		73.55%	77.62%	90 <sup>th</sup> (87%)
Adult BMI Assessment		83.52%	85.32%	90 <sup>th</sup> (93%)
Breast Cancer Screening		54.92%	54.55%	50 <sup>th</sup> (58%)
Cervical Cancer Screening		65.80%	56.85%	75 <sup>th</sup> (64%)
Chlamydia Screening in Women		50.99%	53.77%	50 <sup>th</sup> (55%)
Controlling High Blood Pressure		51.39%	53.01%	50 <sup>th</sup> (55%)
Comprehensive Diabetes Care	Retinal Exam Rate	48.84%	53.94%	90 <sup>th</sup> (58%)
	HbA1c Screening Rate	89.35%	86.81%	75 <sup>th</sup> (89%)
	HbA1c > 9.0% (Poor Control)	37.50%	42.13%	75 <sup>th</sup> (37%)**
	HbA1c < 8.0%	52.55%	49.77%	75 <sup>th</sup> (53%)
	Monitoring for Nephropathy	90.74%	90.05%	50 <sup>th</sup> (91%)
	BP Control < 140/90	56.71%	52.55%	50 <sup>th</sup> (62%)
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)		69.25%	70.87%	90 <sup>th</sup> (70.92%)
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)		75.12%	74.19%	25 <sup>th</sup> (77%)
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)		71.73%	75.85%	90 <sup>th</sup> (78.24%)
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)		80.00%	91.18%	95 <sup>th</sup> (91.11%)
Medication Management for People with Asthma	50%	54.80%	57.57%	N/A
	75%	31.45%	34.41%	75 <sup>th</sup> (38%)
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis		18.50%	21.69%	25 <sup>th</sup> (22%)
Pharmacotherapy Management of COPD Exacerbation	Systemic Corticosteroid	76.34%	77.65%	90 <sup>th</sup> (79%)
	Bronchodilator	89.69*	87.34%	90 <sup>th</sup> (89%)
Prenatal & Postpartum Care	Timeliness of Prenatal Care	81.71%	83.10%	75 <sup>th</sup> (88%)
	Postpartum Care	59.03%	60.42%	50 <sup>th</sup> (61%)
Follow-Up After Hospitalization for Mental Illness	7 Day	30.24%	38.37%	50 <sup>th</sup> (46%)
	30 Day	53.58%	63.03%	90 <sup>th</sup> (64.23%)
Antidepressant Medication Management	Acute Phase	48.80%	49.78%	50 <sup>th</sup> (53%)
	Continuation	35.40%	35.71%	50 <sup>th</sup> (38%)
Follow-Up Care for Children Prescribed ADHD Medication	Initiation Phase	38.77%	39.81%	50 <sup>th</sup> (42%)
	Continuation and Maintenance Phase	47.76%	57.75%	75 <sup>th</sup> (62%)
Initiation and Engagement of AOD Dependence Treatment	Engagement of AOD Treatment: Total	9.52%	0.00%	(NR)
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Total	49.11%	47.47%	25 <sup>th</sup> (51.89%)
Flu vaccination for Adults		44.6%	43.4%	75 <sup>th</sup> (44%)
Use of Imaging Studies for Low Back Pain		68.17%	70.83%	50 <sup>th</sup> (74%)
Spirometry Testing in Assessment and Diagnosis of COPD		30.93%	27.84%	50 <sup>th</sup> (30%)
Persistence of Beta Blockers after a Heart Attack		91.18%	89.09%	90 <sup>th</sup> (91.18%)
Statin Therapy for Patients with Cardiovascular Disease	Received Statin Therapy	N/A	76.05%	25 <sup>th</sup> (77.43%)
	Statin Adherence 80%	N/A	59.62%	25 <sup>th</sup> (66.1%)

\*\*Lower rate is better

(NR) Not reported

MEASURE		HEDIS 2016 CY 2015	HEDIS 2017 CY 2016	NCOA and Quality Compass Benchmarks
Adult BMI Assessment		100%	99.05%	Maintain 90% (99%)
Breast Cancer Screening		89.89%	85.84%	Maintain 90% (83%)
Osteoporosis Management in Women after a Fracture		0.00%	22.22%	25 <sup>th</sup> (26%)
Colorectal Cancer Screening		91.19%	84.52%	90 <sup>th</sup> (80%)
Controlling High Blood Pressure		84.41%	82.57%	90 <sup>th</sup> (84%)
Persistence of Beta-Blocker Treatment After a Heart Attack		100.00%	66.67%	25 <sup>th</sup> (89%)
Statin Therapy for Patients with Cardiovascular Disease	Received Statin Therapy	70.73%	65.91%	25 <sup>th</sup> (77.43%)
	Statin Adherence 80%	100.00%	67.24%	50 <sup>th</sup> (71.21%)
Comprehensive Diabetes Care	Retinal Exam Rate	78.50%	96.57%	Maintain 90% (82%)
	HbA1c Screening Rate	96.26%	95.02%	Maintain 90% (97%)
	HbA1c > 9.0%**	15.89%	12.46%	Maintain 90% (12%)
	HbA1c < 8.0%	76.64%	75.39%	90 <sup>th</sup> (77%)
	Monitoring for Nephropathy	96.26%	97.51%	90 <sup>th</sup> (98%)
	BP Control < 140/90	79.13%	74.45%	90 <sup>th</sup> (78%)
Use of Appropriate Medications for People with Asthma	50%	57.14%	78.79%	N/A
	75%	31.45%	60.61%	Maintain 90% (57.14%)
Asthma ratio	Total	85.71%	90.91%	Maintain 90% (84.73%)
Pharmacotherapy Management of COPD Exacerbation	Systemic Corticosteroid	80.00%	61.36%	25 <sup>th</sup> (73%)
	Bronchodilator	90.00%	65.91%	25 <sup>th</sup> (76%)
Follow-Up After Hospitalization for Mental Illness	7 Day	69.23%	68.00%	90 <sup>th</sup> (55%)
	30 Day	84.62%	80.00%	90 <sup>th</sup> (82.18%)
Antidepressant Medication Management	Acute Phase	70.59%	77.59%	90 <sup>th</sup> (82%)
	Continuation	72.9%	60.34%	75 <sup>th</sup> (61%)
Flu Vaccinations (Adults 65+)		80.2%	72.9%	50 <sup>th</sup> (75%)
Rheumatoid Arthritis Management		95.00%	82.14%	25 <sup>th</sup> (85.21%)
Plan All-Cause Readmission	Observed to expected Ratio	0.9595%	1.1445	Less than 25% (.7777)
Potentially Harmful Drug-Disease Interactions in the Elderly ±	Total	38.98%±	37.50%	50 <sup>th</sup> (40%)
Use of High-Risk Medications in the Elderly±	One Prescription	22.64%±	12.82%	50 <sup>th</sup> (9%)
Spirometry Testing in Assessment & Diagnosis of COPD		N/A	66.67%†	Maintain 90% (50%)
Pneumococcal Vaccination Status for Older Adults		83.6% †	85.5%	Maintain 90% (85%)

± Inverted Rate

\*\*Lower rate is better

† Baseline measurement year





MEASURE		HEDIS 2016 CY 2015	HEDIS 2017 CY 2016	NCOA and Quality Compass <sup>6</sup> Benchmarks
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents	BMI Percentile	62.27%	68.00%	75 <sup>th</sup> (70%)
	Counseling for Nutrition	58.56%	62.10%	50 <sup>th</sup> (63%)
	Counseling for Physical Activity	50.69%	51.23%	25 <sup>th</sup> (52%)
Adult BMI		83.33%	68.67%	50 <sup>th</sup> (71%)
Appropriate Treatment for Children with URI		94.23%	87.66%	50 <sup>th</sup> (89%)
Appropriate Testing for Children with Pharyngitis		83.13%	88.80%	75 <sup>th</sup> (91%)
Breast Cancer Screening		71.43%	68.00%	50 <sup>th</sup> (72%)
Cervical Cancer Screening		52.78%	65.40%	25 <sup>th</sup> (71%)
Chlamydia Screening in Women		46.48%	52.86%	90 <sup>th</sup> (60%)
Colorectal Cancer Screening		53.01%	51.74%	25 <sup>th</sup> (56%)
Comprehensive Diabetes Care	Retinal Exam Rate	42.82%	61.81%	90 <sup>th</sup> (69%)
	HbA1c Screening Rate	90.51%	90.28%	75 <sup>th</sup> (91%)
	HbA1c < 8.0%	58.56%	51.16%	50 <sup>th</sup> (56%)
	Monitoring for Nephropathy	87.73%	88.66%	50 <sup>th</sup> (89%)
Medication Management for People with Asthma	75%	46.51 %	56.34%	90 <sup>th</sup> (57%)
Controlling High Blood Pressure		49.65%	52.31%	50 <sup>th</sup> (55%)
Follow-Up After Hospitalization for Mental Illness	7 Day	34.53%	54.55%	75 <sup>th</sup> (56%)
Follow-Up Care for Children Prescribed ADHD Medication	Initiation Phase	38.77%	39.81%	50 <sup>th</sup> (41%)
	Continuation and Maintenance Phase	47.76%	57.75%	Maintain 90% (57%)
Antidepressant Medication Management	Acute Phase	64.94%	60.58%	50 <sup>th</sup> (69%)
	Continuation	53.18%	50.19%	50 <sup>th</sup> (52%)
Prenatal & Postpartum Care	Timeliness of Prenatal Care	89.89%	88.02%	75 <sup>th</sup> (89.95%)
	Postpartum Care	75.28%	74.48%	75 <sup>th</sup> (79%)
Well-Child Visits in the First 15 Months of Life ( 6 or more visits)		N/A	80.70%	90 <sup>th</sup> (88.33%)
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		78.26%	78.98%	75 <sup>th</sup> (82.7%)
Use of Imaging Studies for Low Back Pain **		70.90%	70.40%	25 <sup>th</sup> (72%)
Childhood Immunizations	Combo 3	63.93%	81.54%	75 <sup>th</sup> (82.24%)
Adolescent Immunization Status	Combo 1	64.15%	RETIRED	
	Combo 2	N/A	12.22%	50 <sup>th</sup> (12.9%)
Human Papillomavirus Vaccine (HPV)		26.92%	13.33%	75 <sup>th</sup> (18%)
Plan All-Cause Readmission	Observed-to-Expected Ratio	0.8853	0.6989	75 <sup>th</sup> (0.6724)

\*\*Lower rate is better

For more information about Quality Improvement at Optima Health please contact the Quality Improvement department at 757-252-8400 or 1-844-620-1015. For more information regarding NCOA, visit their website at [ncqa.org](http://ncqa.org).

## 2017 CAHPS<sup>®3</sup> Survey Results

### Commercial HMO/POS Adult Survey

Measures	CAHPS 2016	CAHPS 2017
Getting Needed Care	87.4%	87.4%
Getting Care Quickly	85.9%	87.4%
How Well Doctors Communicate	96.0%	96.2%
Customer Service	88.3%	92.2%
Claims Processing	90.1%	91.9%
Health Promotion and Education	76.5%	79.0%
Plan Information on Costs	64.8%	62.6%
Rating of Health Care	77.5%	76.8%
Rating of Personal Doctor	84.6%	87.5%
Rating Specialist	82.9%	85.9%
Rating of Health Plan	62.0%	60.2%
Flu Shot Adults Ages 18-64	52.7%	56.8%
Advising Smokers and Tobacco Users to Quit	74.6%	70.7%

### Medicaid HMO Adult Survey

Measures	CAHPS 2016	CAHPS 2017
Getting Needed Care	79.8%	86.35
Getting Care Quickly	83.2%	81.5%
How Well Doctors Communicate	88.6%	90.9%
Customer Service	87.4%	87.3%
Health Promotion and Education	71.6%	73.5%
Rating of Health Care	76.2%	76.5%
Rating of Personal Doctor	82.6%	81.0%
Rating Specialist	79.9%	82.6%
Rating of Health Plan	80.5%	82.4%
Flu Shot Adults Ages 18-64	44.6%	43.4%
Advising Smokers and Tobacco Users to Quit	80.7%	86.9%

### Medicare Adult Survey

Measures	CAHPS 2016	CAHPS 2017
Getting Needed Care	86.7%	84.5%
Getting Care Quickly	78.5%	77.0%
Doctors Who Communicate Well	93.3%	91.1%
HP Customer Service	89.0%	91.7%
Care Coordination	90.1%	89.0%
Getting Needed Prescription Drugs***	91.2%	88.7%
Rating of Drug Plan	86.9%	84.1%
Rating of Health Care	87.6%	86.7%
Rating of Personal Doctor	91.9%	91.2%
Rating Specialist	89.9%	90.8%
Rating of Health Plan	86.1%	85.6%
Annual Flu Shot	81.2%	72.9%

\*\*\* The Getting Needed Prescription Drugs composite is calculated by taking the average of the 'Ease of using health plan to get prescribed medicines' question and the weighted 'Combined Local Pharmacy and Mail' composite (those measures)

### Marketplace Experience Survey

Measures	CAHPS 2016	CAHPS 2017
Access to Care	78.6%	88.0%
Getting Care Quickly	79.8%	86.0%
Getting Needed Care	89.4%	89.3%
Care Coordination	86.9%	87.9%
How Well Doctors Communicate	95.2%	95.1%
Flu	46.6%	52.0%
Smoking Use Cessation	55.6%	64.1%
Rating of Personal Doctor	89.9%	89.7%
Rating Specialist	86.3%	91.0%
Rating of Health Plan	69.0%	74.1%
Plan Administration	84.2%	82.4%
Cost	87.2%	88.5%
Likelihood to Recommend	70.4%	71.5%

For more information about Quality Improvement at Optima Health, contact the Quality Improvement department at 757-252-8400. For more information regarding NCQA, visit their website at [ncqa.org](http://ncqa.org).

<sup>3</sup> CAHPS is registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

## MEMBER RIGHTS AND RESPONSIBILITIES

The current information or forms and list of covered drugs are available on [optimahealth.com](http://optimahealth.com) or speak with a Member Services representative by calling the number on the back of your member ID card.

As a member of Optima Health, you are entitled to all covered benefits; however, you must learn how the health plan works, follow the proper procedures, and use the proper network (e.g., doctors, hospitals, mental health providers, and other specialists participating with Optima Health).

Optima Health Plan members have the right to:

1. Timely and Quality of Care:
  - a. Access to Protected Health Information (PHI), medical records, physicians, and other healthcare professionals; and referrals to specialists when medically necessary.
  - b. Continuity of care and to know in advance the time and location of an appointment, as well as the physicians and other health care professionals providing care.
  - c. Receive the medical care that is necessary for the proper diagnosis and treatment of any covered illness or injury
  - d. Participate with physicians and healthcare professionals in:
    - i. Discussing their diagnosis, the prognosis of the condition, and instructions required for follow-up care;
    - ii. Understanding the health problems and assisting to develop mutually agreed-upon goals for treatment;
    - iii. Decision-making regarding their healthcare and treatment planning; and
    - iv. A candid discussion of appropriate or medically necessary treatment options for their condition regardless of cost or benefit coverage.
  - e. The right to affirm that all practitioners, providers, and employees who make utilization management (UM) decisions:
    - i. Base decisions on appropriateness of care, services and existence of coverage;
    - ii. Are not rewarded for issuing medical denials of coverage; and
    - iii. Do not encourage decisions that result in underutilization through financial incentives.
2. Treatment with Dignity and Respect – Members will:
  - a. Be treated with respect, dignity, compassion and the right to privacy.
  - b. Exercise these rights regardless of race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or their national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for their care. Expect this right by both Plan and contracting physicians.
  - c. Expect protection of all oral, written, and electronic information across the Plan, and information to plan sponsors and employers.
  - d. Extend their rights to any person who may have legal responsibility to make decisions on the member's behalf regarding medical care.
  - e. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
  - f. Be able to refuse treatment or to sign a consent form if the member feels they do not clearly understand its purpose, or cross out any part of the form they do not want applied to their care, or change their mind about any treatment for which they have previously given consent and be informed of the medical consequences of this action.



### NOTICE OF PRIVACY PRACTICES

As a division of Sentara Healthcare, Optima Health follows the Sentara Healthcare Notice of Privacy Practices; available online at: [www.optimahealth.com](http://www.optimahealth.com)

Optima Health maintains compliance with the Privacy Rule and Security Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and American Recovery and Reinvestment Act (ARRA). To ensure the protection of confidential information and patient health information, Optima Health has implemented privacy and security policies and procedures, has developed required forms, has established safeguards to protect patient health information, and conducts HIPAA awareness training.

More information on Policies and Disclosures can be found at [optimahealth.com](http://optimahealth.com)

## MEMBER RIGHTS AND RESPONSIBILITIES CONTINUED

3. Receive Health Plan Information – members will
  - a. Receive information about their health plan, its services, its physicians, other health care professionals, facilities, clinical guidelines and member rights and responsibilities statements; and collection, use, and disclosure of PHI.
  - b. Know by name, title, and organization the physicians, nurses or other health care professionals providing care.
  - c. Receive information about medications (what they are, how to take them and possible side effects) and pharmacy benefit information (effective date of formulary change, new drugs available, or recalled medications).
  - d. Receive clear information regarding benefits and exclusions of their policy, how medical treatment decisions are made/authorized by the health plan or contracted medical groups, payment structure, and the right to approve the release of information.
  - e. Be advised if a practitioner proposes to engage in experimentation affecting care or treatment. The member may have the right to refuse to participate in such research.
  - f. Be informed of policies regarding Advance Directives (living wills) as required by state and federal laws.
4. Members Solve Problems in a Timely Manner by
  - a. Presenting questions, concerns or complaints to a customer service specialist without discrimination and expect problems to be fairly examined and appropriately addressed.
  - b. Voicing concerns or complaints to Optima Health about their health plan, if the care provided was inadequate, or feel their rights have been compromised. This includes the right to appeal an action or denial and the process involved.
  - c. Making recommendations regarding the health plan members rights and responsibilities policies.

### Member Responsibilities

OPTIMA HEALTH PLAN MEMBERS, IN ADDITION TO THEIR RIGHTS, SUBSCRIBERS AND THEIR ENROLLED DEPENDENTS HAVE THE RESPONSIBILITY:

1. To identify themselves, and their family members as an Optima Health enrollee and present their identification card(s) when requesting healthcare services.
2. To be on time for appointments and contact the physician or other healthcare personnel at once if there is a need to cancel or if they are going to be late for an appointment. If the physician, other healthcare personnel or facility, has a policy assessing charges regarding late cancellations or “no shows”, the member will be responsible for such charges.
3. To provide information about their health to physicians and other health care professionals so they may provide appropriate medical care.
4. To actively participate and understand improving their health condition(s) by following the plans and instructions for care and treatment goals that they agreed upon with the physician or healthcare professional.
5. To act in a manner that supports the care provided to other patients and the general functioning of the office or facility.
6. To review the employee handbook and Plan documentation:
  - a. To make sure the services are covered under the plan,
  - b. To approve release of information and have services properly authorized before receiving medical attention,
  - c. To follow proper procedures for illness before and after business hours, and
  - d. For materials concerning health benefits (e.g. UM issues) and educate other covered family members.
7. To accept financial responsibility for any Copayment or Coinsurance associated with services received while under the care of a physician or other healthcare professional or while a patient at a facility.
8. To contact Optima Health if they have concerns, or if they feel their rights have been compromised.

For questions, concerns, or additional information, please visit [optimahealth.com](http://optimahealth.com) or contact Member Services at the number on the back of your member ID card. TDD/TTY services and language assistance are available. Copies are available via mail, fax, and email.

# **QUALITY IMPROVEMENT (QI) PROGRAM AND WORKPLAN**

## **QI PROGRAM**

### **Purpose**

To provide a comprehensive and fully integrated (Medical and Behavioral Health) infrastructure and to improve the quality and safety of clinical care and services it provides to its members , providers and practitioners.

### **Scope**

The QI Program includes monitoring, assessing, evaluating, and improving the quality of care, service, and safety of the medical and behavioral health care provided to our members, providers, and practitioners across all products. The program description includes the following information about the QI structure:

- The QI program's functional areas and their responsibilities.
- Reporting relationships of QI department staff and the QI Committee.
  - ◊ Involvement of Medical and Behavioral Health physicians and practitioners
  - ◊ QI Committee oversight
- Resources and analytical support.
- Delegated QI activities, if the organization delegates QI activities.
- Collaborative QI activities, if any.

### **Goal**

The QI Program is to design and maintain a QI infrastructure to improve processes that support continuous quality improvement at the level of care and services provided to a diverse membership including but not limited to members with complex health needs.

## **QI WORK PLAN**

The QI Work Plan provides an organized schedule of activities and reflects the ongoing progress on QI activities. The Work Plan is initiatives specifically designed to address identified opportunities for improvement focusing on management activities, focused activities, and surveys throughout the year and addresses:

- Yearly planned QI activities and objectives for improving:
  - ◊ Quality of clinical care
  - ◊ Safety of clinical care
  - ◊ Quality of service
  - ◊ Members' experience
- Time frame for each activity's completion
- Staff members responsible for each activity
- Monitoring of previously identified issues
- Annual Evaluation of the QI program

To request a copy of the current QI Program and Work Plan by calling the Quality Improvement department at 757-252-8400 or 1-844-620-1015.

## SELF- MANAGEMENT TOOLS

Optima Health has evidence-based self-management tools available (in digital or print) to help members manage their health. Self-Management Tools are specific tools used by members to assist in managing their complex and chronic disease(s).

### Goals

- Provide support, self-efficacy, and increase their knowledge and confidence of managing their health.
- Assist in changing behaviors and achieve better control of their health problems.
- Reduce utilization and health costs.
- Improve patient outcomes with:
  - ◇ Healthy weight (BMI) maintenance,
  - ◇ Smoking and tobacco use cessation,
  - ◇ Encouraging physical activity,
  - ◇ Healthy eating,
  - ◇ Managing stress,
  - ◇ Avoiding at-risk driving, and
  - ◇ Identifying depressive symptoms.

Every 2 years, Optima Health reviews and updates its self-management tools. They are also reviewed and updated more frequently as needed when new evidence is available. Optima Health evaluates the following, for usefulness to its members, at least every 36 months:

- Easy to understand language
- Member special needs
  - ◇ Vision
  - ◇ Hearing

Optima Health offers many programs. **Staying Healthy** is an award-winning collection of programs.

Our Health and Preventive Services team is excited to share a new, easy way to order any of our free, mail-to-home *Staying Healthy* programs: [wellnessforme.com](http://wellnessforme.com).



## TECHNOLOGY ASSESSMENT

A multidisciplinary team including local practicing physicians researches the available scientific literature to determine advances in medical, surgical, behavioral health services, and pharmaceutical technologies in developing medical policies and guidelines of care. The process for technology assessment is as follows:

- The manager or designee conducts a thorough review of the literature utilizing several resources. These include Medline computer programs, medical/clinical literature review, AMA/FDA approval, Hayes Technology Assessment, local and national carrier determinations, and material from other regulatory agencies.
- A summary of all materials is reviewed by appropriate primary care physicians, Medical Directors, and/or specialty physicians.
- All new technology reviews are incorporated into a medical policy, claims policies, and/or benefits.
- The resources are available on the proposed medical policy.
- The Optima Health and Sentara Health Plan Medical Directors complete final review and approval.
- Medical policies are available to all Plan providers and members on request and without a charge.

The Medical Directors of the Plan review Clinical Care Services policies. Approved policies are distributed to all appropriate departments and all policies are available to Physicians upon request.

To request copies of policies and criteria, please call Clinical Care Services at 1-800-229-5522.



## CONTACT US

### CLINICAL CARE SERVICES

#### Medical Providers

Phone: 1-800-229-5522

Fax: Fax number is indicated on each authorization form

#### Behavioral Health Providers

Phone: 1-800-648-8420

Fax: 1-866-466-1452

#### Pharmacy

Phone 1-800-229-5522

Fax: 1-800-750-9692

#### After Hours Nurse Advice Line

Phone: 1-800-394-2237

#### Optima Health Case Management Services (Direct)

Phone: 1-866-503-2731

Partners in Pregnancy: 1 -866-239-0618 (Option 1)

#### Quality Improvement

Phone: 757-252-8400 or Toll Free: 1-844-620-1015

Fax: 757-227-9657 or Toll Free: 1-866-783-5196

#### Member Services

Members should call the Member Services number listed on their member ID card.

#### Network Educators

Phone: 757-552-7085 or 1-877-865-9075

#### Pre-authorization

##### Medical Care Management (Pre-authorizations)

Medical Pre-authorization

Phone: 757-552-7540 or 1-800-229-5522

Fax: 757-552-7429 or 1-877-800-2839

##### Behavioral Health (Pre-authorization)

Phone: 757-552-7174 or 1-800-648-8420

Fax: 757-837-3899 or 844-366-3899

#### Provider Relations

Provider Relations & Eligibility Verification

##### Medical

Phone: 1-800-229-8822

Fax: 1-855-687-6270

##### Behavioral Health

Phone: 1-800-648-8420

Fax: 1-888-576-9675

#### Web Assistance?

Email technical questions to [optimahelpdesk@optimahealth.com](mailto:optimahelpdesk@optimahealth.com)