Affordable Care Act Compliance Mandates Coverage Changes

From Paul Mendis, MD, Chief Medical Officer of Neighborhood Health Plan

Although Massachusetts led the way with health care reform in 2006—with approximately 98% of its residents now covered by health insurance—compliance with the Affordable Care Act will necessitate some changes that will affect patients in your practices, beginning January 1, 2014.

First, Commonwealth Care will be ending. Those enrollees earning less than 133% of the federal poverty level (FPL) will be moved to Medicaid’s new Care Plus program. Patients will get letters from the Commonwealth in November explaining their options. They will remain with their existing insurers unless they actively request a switch. Those earning more than 133% but less than 300% of FPL will be eligible for Connector Care, a commercial product whose expense is partially offset by the inclusion of federal tax credits and state subsidies. Unlike those patients moving to Medicaid, those moving to Connector Care must actively choose to enroll or they will lose their coverage on January 1, 2014.

Those MassHealth patients now in rating categories (RC) 5 or 7 will be moved to new RCs 10 and 9, respectively, and can retain their existing health plan coverage assuming they are enrolled in one of the Medicaid Managed Care Organizations (MMCO)—e.g., Neighborhood Health Plan (NHP). However, those currently in the Primary Care Clinician Program must move to an MMCO. They must actively choose a plan or risk auto-assignment to another MMCO that may not be affiliated with their PCP. The good news is that, as RC9s or RC10s, they will have new benefits for rehabilitation, skilled nursing facility, and home care, which they lack today.

Finally, those patients currently enrolled in the commercial market as individuals/families or via small groups must choose a new ACA-compliant qualified health plan by March 31, 2014. Failure to do so will result in loss of coverage.

Recognizing the complexity of these insurance changes, NHP will be reaching out to existing members to help them understand their options. In addition, we will be working with high-membership practices to ensure your patients make timely choices that preserve their coverage and access to care.
Using the “Asthma Medication Ratio”
From Joseph Peppe, MD, Medical Director, Neighborhood Health Plan

The asthma medication ratio (AMR) is the ratio of controller medications (such as Flutaven, Advair, Symbicort, QVAR, and Singular) to total asthma medications (controller plus relievers such as albuterol) for those with persistent asthma. The goal set by the National Committee for Quality Assurance (NCQA) is for this ratio to be greater than 0.75.

A low AMR (below 0.75) indicates that the patient is relying too much on reliever medications, and may benefit from adding controller medications. They may also benefit from education about the importance of regular use of controller medications.

What is NHP Doing to Help You Manage Patients?
NHP sends reports to your office when:
- A patient has an asthma-related emergency department visit.
- A patient has filled three beta-agonists in a four-month period.

The patient’s AMR is listed in the upper right-hand corner of the report (in the yellow box).

Tips to Improve Asthma Control and the AMR
- Provide asthma education at every visit, including demonstration of inhaler technique. (See “In the Exam Room,” p. 3.)
- As defined by the Healthcare Effectiveness Data and Information Set (HEDIS).

What is HEDIS? What is NCQA?
The National Committee for Quality Assurance (NCQA) is a private not-for-profit organization dedicated to improving health care quality. It was founded in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

NCQA created The Healthcare Effectiveness Data and Information Set (HEDIS) program, a tool used by more than 90 percent of America’s health plans to measure performance on important health care indicators. HEDIS consists of 80 measures across five domains of care. Health plans use HEDIS results to see where they need to focus their improvement efforts.

First Line Medications
- Oxybutynin SR
- Oxybutynin Patch
- Tropicam XR

Second Line Medications
- Detrol LA
- Enablex
- Gelrique Pump
- Myrbetriq

Check www.nhp.org/provider for the most up-to-date information about the NHP Pharmacy programs and the current medical necessity criteria.

Quantity limits promote cost-effective prescribing by limiting the number of units of medication that can be dispensed over a given time. These are established based on strength, availability, and the recommended doses.

Step Therapy is an automated case review based on P&T established guidelines and the individual member’s NHP pharmacy profile. This process occurs with a pharmacy claims submission and does not require provider intervention if prior NHP pharmacy claims indicate use of the first-line or second-line medications.

Survey Results: Member Waiting Time Standards
NHP is committed to ensuring that members have easy access to high quality health care services and easily get the care they need in a timely manner. NHP commissions surveys each year to assess the uniformity of the health plan experience for all NHP members. The most recent survey shows that both Commercial and Medicare members are not fully satisfied with the ease of accessing care in our network.

Below are the standards and expectations established for appointment waiting times for our members. We thank you for serving our members and request your assistance in improving our member waiting times. For assistance, please contact us for up-to-date information about the NHP provider program.

CLINICIAN QUARTERLY
2
NHP.org

In the Exam Room...

Here’s a web page worth bookmarking: www.cdc.gov/asthma/inhaler_video.

HCN.org has online videos to assist in teaching patients how to use their metered dose inhaler. This resource can be useful for initial teaching or a refresher at each asthma visit. The videos are available in English and Spanish and include instructions for use of an MDI with and without a spacer.
COPD Identification and Preventions

- PCV-13 (Prevnar) is now recommended for advanced COPD and immune compromise.
- Regular physical activity and if advanced, pulmonary rehabilitation
- Oxygen therapy for chronic hypoxemia

Degree of breathlessness, the number of exacerbations, and the extent of airflow compromise are central to adjusting therapy by these guidelines. Note that more aggressive therapy is warranted for individuals with two or more COPD exacerbations per year. Please see GOLD guidelines for detailed treatment advice.

NHP Resources

- Tobacco cessation: 1-800-433-5556 or 617 204-1447 or quitsmoking@nhp.org
- NHP care management: 855-444-4647

References


www.drive4copd.org/AreYouAtRisk/TaketheScreener.aspx
