

Please share our news.

This newsletter is designed to communicate pertinent health plan information to contracted health care administrative staff as well as medical staff. So, if you are the office person receiving our newsletter, PLEASE share this newsletter with everyone in your office. If you would like us to send you additional paper copies or an electronic copy to make routing easier, please contact the newsletter editor at 920-617-6305 or email:
GBNetworkDevelopmentDept
@AriseHealthPlan.com



We care for Wisconsin.

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HMO/POS Commercial Products

Text4baby – A Program for Pregnant Women and New Moms



We would very much appreciate your help in spreading the word about text4baby to your patients. An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life.

Women who sign up for the service by texting BABY to 511411 (or BEBE for Spanish) will receive free text messages each week, timed to their due date or baby's date of birth.

These messages focus on a variety of topics critical to maternal and child health:

immunization, nutrition, seasonal flu, mental health, birth defects prevention, oral health and safe sleep. Text4baby messages also connect women to prenatal and infant care services.



The Text4baby is made possible through a broad, public-private partnership that

includes government, corporations, academic institutions, professional associations, tribal agencies and non-profit organizations. Of particular significance, CTIA-The Wireless Foundation has reached out to all the major U.S. mobile operators to ensure their commitment to make text4baby a free service for all subscribers. Because of this generous commitment, text4baby is the first ever free mobile health information service in the U.S. and has great potential to reach an enormous audience.

To get more information about this program please go to www.text4baby.org or contact Text4baby at 703-838-7548.

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Shared Decision Making

In recent years, there has been an ever-increasing emphasis on involving patients in decisions regarding their care. Gone are the days when Marcus Welby was put on a pedestal as he benevolently dictated care for patients. These days, patients expect to be informed and involved in their own decision making. Younger patients and better-educated patients are especially likely to want to be informed and involved.

Shared decision making goes beyond simple informed consent because patients need to express their preferences and goals for treatment. The providers help patients weigh the risks and benefits of a given course of action. They also help match each patient's preferences and goals with the available treatment options and together patients and providers make a mutual decision.

Most medical specialty societies advocate for shared decision making, and many practice guidelines incorporate this concept into their decision processes. In addition, quality improvement organizations such as NCQA and AHRQ expect providers to engage their patients in shared decision making.

AHRQ has developed measurement tools to measure shared decision making within the CAHPS measures of patient satisfaction. One reason for this is because shared decision making can be a big factor in a given patient's overall satisfaction. Some research has indicated that shared decision making can even improve health outcomes such as hemoglobin A1c levels.

Arise Health Plan encourages all providers to engage in shared decision making because it benefits patients and providers. In addition, employers are holding health plans accountable for the degree of shared decision making that occurs among their employees. It turns out that frequently, when educated about the risks and benefits of care, patients will choose less costly treatment options. In this way shared decision making has the potential to reduce the cost of health care. Since shared decision making can benefit patients, providers, and employers, we encourage patients and providers to work together in order to make better decisions regarding patient care.

Blood Pressure Reminder

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, known as JNC7, states that the goal for blood pressure is < 140/90. For patients with diabetes or chronic kidney disease, the goal is < 130/80. The current HEDIS measure for high blood pressure is also consistent with JNC7 at <140/90.

Per JNC7, the accurate measurement of blood pressure is an essential element for successful management of these patients. The person should be seated for at least 5 minutes in a chair with feet on the floor and his or her arm supported at heart level.

Every year, Arise Health Plan reviews the charts of patients who have hypertension to determine blood pressure control rates as part of our HEDIS (Healthcare Effectiveness Data

and Information Set) review. This past year, our HEDIS rate for controlling blood pressure showed that 25% of Arise Health Plan members with the diagnosis of hypertension had blood pressures >140/90, so there is opportunity for improvement.

This year during the chart review process, reviewers noted that very few blood pressure retakes were done on those patients with a blood pressure $\geq 140/90$ on the first reading. As you know, many factors can affect blood pressure. The patient may not have been rested for at least 5 minutes prior to the initial reading or may have been anxious about the exam. Therefore we encourage providers to repeat a blood pressure later or at the end of an exam if the blood pressure is $\geq 140/90$ on the first reading.

Independent Review Process in Wisconsin

As with any product or service, members may have questions or complaints about their health insurance plan. Members should first attempt to resolve a complaint by contacting the health plan's Members Services department locally at (920) 490-6900 or 888-711-1444 toll-free and press option 1. Members may also file a grievance with the insurer. All insurance companies offering health benefit plans in Wisconsin are required to have an internal grievance process to resolve complaints from the member or the member's authorized representative.

If members are not satisfied with the outcome of their grievance, a Wisconsin law provides the opportunity for all persons covered by health benefit plans an additional way to resolve disputes involving medical decisions.

Members may request an independent review if coverage was denied because:

- Services were deemed not medically necessary;
- Services were considered experimental or investigational;
- Services were rendered by an out-of-network practitioner whose clinical expertise was felt to be medically necessary and the expertise is not available from an in-network practitioner;
- Services were for a pre-existing condition exclusion; or
- The policy or certificate was rescinded.

The independent review process provides members with an opportunity to have medical professionals who have no connection to their health plan review their dispute. The decision of the IRO is binding on the health plan and the member for medical necessity and experimental or investigational determinations. The IRO decision regarding pre-existing conditions and rescission is only binding on the health plan.

When a coverage request is initially denied, a list of certified Independent Review Organizations (IROs) is provided along with information on how to request a review. Independent review is available only after the grievance procedure has been completed. Members may be entitled to an expedited independent review when certain situations apply.

A request for an independent review must be made within four months of the date of the adverse determination or experimental treatment determination, or from the date of receipt of notice of the grievance panel decision, whichever is later.

If you have any questions or need additional information, please contact Arise Health plan locally at (920) 490-6900 or 888-711-1444 toll-free, the Wisconsin Office of the Commissioner of Insurance (OCI) at 800-236-8517, or visit OCI's website at www.oci.wi.gov.

Availability of Medical Policy Guidelines

Physicians and other practitioners may obtain the medical policy guidelines used for making medical coverage determinations for an Arise Health Plan member under their care. If you have received a determination and would like to review the medical policy guidelines used in that determination, you may contact us.

To obtain medical policy guidelines for a specific subject through the Medical Management Department of Arise Health Plan, submit your request via telephone, fax, or in writing to Arise Health Plan, Medical Management Dept., P.O. Box 11625, Green Bay, WI 54307-1625, Telephone (920) 490-6900 or 888-711-1444 toll-free, Fax (920) 490-6943. If applicable, please include the patient name and member number along with the subject (procedure/ service/treatment) for which you are requesting the medical policy guidelines.

The medical policy guidelines are an informational resource and not an authorization, an explanation of benefits, or a contract to

provide benefits. Receipt of benefits is subject to satisfaction of all terms and conditions of the member's contract in effect at the time services are rendered. Medical technology is constantly changing, and we reserve the right to review and update our medical policy guidelines as necessary.

We hope that by providing the specific medical policy guidelines upon request, you may better understand the basis for a decision. Our medical policy guidelines are based on sound medical and clinical evidence and adopted with the involvement of appropriate medical specialists. If you have comments or suggestion regarding any specific guideline, these may be forwarded in writing to:

Arise Health Plan
Medical Management Department
P.O. Box 11625
Green Bay, WI 54307-1625

StayWell Health Management Receives Full Patient and Practitioner Oriented Accreditation from the National Committee for Quality Assurance (NCQA)

Arise Health Plan is pleased to announce that StayWell Health Management received Full Patient and Practitioner Oriented Accreditation from the NCQA for its disease management (DM) programs. The accreditation is effective for three years.

Arise Health Plan contracts with StayWell to provide a disease management program for our members with congestive heart failure, coronary artery disease, and/or diabetes. Your Arise Health Plan patients who have one or more of these conditions may be enrolled in the StayWell program. Participants have a health coach who encourages them to follow your treatment plan and offers help with lifestyle changes such as weight loss, exercise and diet. StayWell has found that many patients have a

negative perception of “disease management” and now commonly refer to the program as “condition management.”

When a member agrees to participate in the DM program, you will receive a letter from StayWell asking for verification of the patient’s condition and appropriateness for the DM program. You will receive periodic reports from StayWell as to your patient’s condition.

We are pleased to offer this condition management program that supports your patients’ care. We appreciate your support with this effort. If you have questions about the StayWell program, please call 920-490-6956.

We’ve Moved!!

Arise Health Plan has moved to a new location!
Our new office is located at:
421 Lawrence Drive
De Pere, WI 54115

You can still reach us at the same phone numbers we’ve always had. The PO Box mailing address remains the same, at P.O. Box 11625, Green Bay, WI. 54307-1625.