



Diabetes Management Resources

A provider's guide to empowering your patients with diabetes.

[SuperiorHealthPlan.com/diabetes-help](https://www.superiorhealthplan.com/diabetes-help)

SHP_20161543



As your partner, Superior HealthPlan is committed to providing the tools you need to deliver the best quality of care. This booklet details the Superior resources that are available for the treatment and care for members with diabetes.



Patient Resources

Case Management Services

Members who meet certain criteria (detailed below) are eligible for Superior's Case Management services. Superior adheres to the Case Management Society of America's (CMSA) definition of case management as "a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes."

Levels of Case Management

Care Coordination

Members with psychosocial issues, such as housing or financial, that need assistance with accessing healthcare are eligible for Care Coordination. Care Coordination involves non-clinical activities performed by non-clinical staff and includes outreach to members in an effort to provide assistance with scheduling appointments and securing authorizations, as well as following up with members to ensure compliance.

Case Management

Case Management serves members with clinical needs, including complex conditions or co-morbidities, which require a higher level of service. These members typically have adequate family or other caregiver support and are in need of moderate to minimal assistance from a Case Manager. Services include member outreach in the form of identifying, setting and making progress on defined health-care goals.

Complex Case Management

Members with complex medical and/or psychosocial needs, including special care or serious and/or persistent mental illness, are eligible for Complex Case Management. Superior provides Complex Case Management for members that have experienced a critical event or have a complex diagnosis requiring oversight and coordination to ensure members receive the appropriate services and care. Complex Case Management includes frequent outreach to assist members in developing and working to meet defined health-care goals.

Participation Criteria

- Recent inpatient or emergency room utilization as a result of uncontrolled diabetes.
- Demonstrated difficulty with adhering to treatment plan, resulting in disease progression.
- Unresolved barriers affecting optimal management of disease process or disease progression.
- Demonstrated need for more intensive, holistic management to address the member's disease process.

If you think any of your Superior patients would benefit from these services, please direct them to call Member Services at the number on the back of their ID card.

Patient Resources

Diabetes Disease Management

Superior's Disease Management Program teaches members how to help manage a chronic disease like diabetes. Members enrolled in this program learn how to manage their diabetes to avoid potential problems or worsening of their condition.

Superior's Disease Management services include member outreach (telephonic or direct mail) to help identify, set and meet member health-care goals. Members enrolled in Disease Management may receive more frequent outreach to assess adherence to their treatment plan and progress towards goal attainment. Superior Case Managers also monitor the member's key indicators of disease progress (e.g. HbA1c levels).

Participation criteria may include:

- Recent or multiple hospitalizations related to diabetes.
- A pattern of increased blood sugar levels.
- New onset diabetes complications or an increase in symptoms.
- Initiation of insulin therapy.



Depression Disease Management

Depression frequently occurs in tandem with chronic medical illnesses such as heart disease, Chronic Obstructive Pulmonary Disease (COPD), chronic pain or diabetes, which complicates the treatment of both. Identifying members with depression, and providing treatment in an evidence-based depression care program, has proven to result in increased member adherence to treatment and reduced medical costs.

Superior's Choose Health Depression Disease Management Program helps members with depression achieve the highest possible levels of wellness, functioning and quality of life with the goal of reducing depressive symptoms and improving medication adherence. Employing multiple communication strategies, the Choose Health wellness coaches support and collaborate with primary care physicians to ensure members receive the most effective and efficient resources, coupled with the best overall behavioral and physical health outcomes.

Participation criteria:

- A member may self-refer to Superior's Depression Disease Management Program or be referred by Superior Case Management staff or a treating practitioner.

To refer a member for Disease Management services, call 1-800-293-0056.

Quality Improvement Initiatives

Home Health Assessments

Superior has partnered with several companies to perform in-home assessments and laboratory draws for members at no cost. A health-care professional (nurse practitioner, physician assistant and/or a phlebotomist) contacts eligible members to schedule the appointment, which may include health evaluations and the collection of blood, stool and/or urine samples, height, weight and blood pressure. The information from the visit is shared with the primary care provider so he/she can work with the member to create a treatment plan.

Pharmacy Management and Interventions

The Superior Pharmacy department utilizes data and claims to retrieve diabetes medication adherence information for members. Adherence concerns are triaged based on the proportion of days covered, or PDC calculation. Superior uses a multi-pronged outreach approach, involving the member, provider and pharmacy to ensure medication adherence. Providers are notified about the adherence concern and may be contacted to assist with new prescription requests. The member is also provided notification, by appropriate parties, to review the prescribed oral diabetic medication, barriers to taking the medication, options for mail order or any 90-day supply benefit available. Members are connected with the local pharmacy or mail order pharmacy when refill requests are needed.

In addition, claims are reviewed for members missing angiotensin receptor blockers (ARBs) or angiotensin converting enzyme (ACE) inhibitors which can support the prevention of diabetic nephropathy. The American Diabetes Association recommends that pharmaceutical treatment for a patient with diabetes include an ACE or ARB. It is recommended that if one medication class is not tolerated, the other class be substituted. The pharmacy team works with appropriate parties to contact providers if a member is missing the ACE or ARB from his or her medication claims. Member outreach will recommend that the provider review and prescribe the missing treatment as part of an overall diabetic treatment plan. In addition, the Pharmacy team shares these claim reports and gaps in care concerns with the Case Management teams.

Referral to a Specialist

Through Superior's Bridges to Excellence (BTE) Diabetes Care Recognition Program, members and providers can identify physicians, including endocrinologists, primary care physicians and diabetologists, who deliver top care to patients with diabetes. BTE is a physician recognition program designed to measure the quality of care delivered with a focus on managing patients with chronic conditions. Doctors must meet certain standards to be selected for the BTE Program. BTE doctors are recognized for providing the highest level of care for their patients with diabetes. These doctors meet standards set forth by organizations like the American Diabetes Association, the American Heart Association and the American Stroke Association. For information on BTE recognition, visit www.SuperiorHealthPlan.com/BTE.

To request more information, email Superior's Quality Improvement department at SHPHEDIS@centene.com.



Provider Resources

3M Health Information Systems

3M Health Information Systems (HIS) is a health-care analytics software suite that provides practitioners with data about the quality and access to care within their practice. 3M HIS features a user-friendly dashboard that helps to provide information to improve performance, manage costs and promote quality of care by providing insight into actual patterns of care within a provider's patient populations. The tool assigns a Value Index Score (VIS) which is a single composite score that shows how the provider's overall quality of care ranks, relative to all other providers in the network. The VIS comprised of 18 quality measures, many of which are drawn from the Healthcare Effectiveness Data and Information Set (HEDIS). For more information visit <http://www.superiorhealthplan.com/for-providers/provider-resources/training/>.



Practice Guidelines

At Superior, network providers play an essential role in the coordination of care and the member care experience. Superior encourages providers to be actively involved in the member care experience by maximizing resources available to them and adopting Superior's practice guidelines. Superior bases its practice guidelines upon optimal potential for improving health outcomes or the quality of service delivered to Superior members, as identified by Superior's Quality and Performance Improvement (QAPI) Program. Superior adopts, approves and promotes preventive and practice guidelines published from nationally recognized organizations, government institutions and statewide initiatives that are evidence-based for use by providers in an effort to ensure health-care quality and uniformity for Superior members. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members.

3M HIS Reports

Each month, the following five reports are refreshed and reported through the tool:

- 1. Population report:** assists the PCP in understanding the clinical category and risk of attributed members
- 2. Value Index Score**
- 3. Care management gap report:** helps the PCP in understanding gaps in care for members
- 4. Patient profile report:** provides detailed information on each attributed member
- 5. Inpatient notification report:** provides information on members who were admitted to the hospital

Bridges to Excellence

Bridges to Excellence (BTE) is a physician recognition program from Health Care Incentives Improvement Institute (HCI3) designed to measure the quality of care delivered with a focus on managing patients with chronic conditions. To address the widespread diabetes issue in Texas, Superior is now a proud partner of HCI3's Bridges to Excellence® Diabetes Care Recognition Program. The BTE Diabetes Care Recognition Program is intended to identify clinicians who deliver high-value care to patients with diabetes.

BTE has recognition programs for health-care professionals who work with asthma, cardiac, CHF, cardiology, COPD, CAD, AGA IBD, depression, diabetes, hypertension, physician office, spine and medical home. Each program has three levels of recognition: I, II and III, each indicating a different performance level. Once recognized, physicians are eligible for incentive programs from health plans, like Superior.

For information on BTE recognition visit www.SuperiorHealthPlan.com/BTE.

HEDIS Quick Reference Guides

HEDIS Quick Reference Guides are available for providers and their staff. These guides describe key HEDIS measures and provide guidance on how to appropriately bill for services. Superior reminds providers to always follow the state and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission. Below is a sub-section from the HEDIS Guide on important CPT codes.

DIABETES CARE (Comprehensive)

Measure demonstrates the percentage of members ages 18-75 with diabetes (types 1 & 2) who were compliant in the following submeasures:

HbA1c Test: is completed at least once per year (includes rapid A1c).

CPT	CPT II	HCPCS
83036, 83037	—	—

Eye Exam: a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) is completed every year OR a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior. CPT II code 3072F reflects a dilated retinal exam negative for retinopathy.

67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	2022F, 2024F, 2026F, 3072F	S0620, S0621, S0625, S3000
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Nephropathy Screening Test: is performed at least once per year. A member who is on ACE/ARBs or has nephropathy is compliant for this submeasure.

81000-81003, 81005, 82042-82044, 84156	3060F-3062F, 3066F, 4010F	—
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Studies of the BTE program demonstrate that participation in BTE programs leads to improved physician performance, better patient health and reduced costs of care.

