

October 2025	Quality & Stars News	Issue # 1
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PLANNING FOR the FLU VACCINE

It's not too soon to plan for the flu. Please begin to educate patients on the importance and benefits of the flu vaccine and be prepared to address their concerns and potential misconceptions. Provide them with options for how to obtain the vaccine, including from your office or a pharmacy. The AmeriHealth Caritas plans offer a member incentive for those who receive the vaccine.

Clinical Practice Guidelines

Clinical Practice Guidelines (CPG) have been updated and adopted for use in guiding the treatment of our members, with the goal of reducing unnecessary variations in care. CPGs represent current professional standards, supported by scientific evidence and research. The guidelines are intended to inform, not replace, a physician's clinical judgment. The physician remains responsible for determining applicable treatment for each individual patient. Please review the information regarding the updated CPGs that are found on our plan websites **Provider > Resources > Clinical section**. We welcome your feedback. If you have any questions, please contact Quality at: VIPQuality@amerihealthcaritas.com.

Quality Assessment and Performance Improvement Committee (QAPIC)

You can make a difference by participating in our quarterly QAPIC meetings. Please consider joining us! This is an opportunity for you to make your voice heard and offer suggestions for improvement. You will be reimbursed for your time. Contact

Dorothea Trimble, Director, Quality Management by email at: dtrimble@amerihealthcaritas.com for more information.

Make Member Reported Care Count!

Did you know that certain member reported information can be used to close HEDIS care gaps and improve performance? It's true and it even applies to those challenging electronic HEDIS measures, like Breast Cancer Screening (BCS-E), Colorectal Cancer Screening (COL-E) and Eye Exams for Members with Diabetes (EED-E). Just document the following information and submit the medical records documentation before the end of the year (before supplemental data deadlines).

- Service Received (Mammogram, Colonoscopy, Retinal Eye Exam by an eye care provider)
- Date Received (at least month and year)
- The Result (positive, negative) – recommended but not required
- Fax the medical record documentation to the Medicare Quality Management Department as soon as possible and no later than December of the measurement year.

Improving Access to Lab Tests for Members

Our plan is partnering with contracted lab service providers to mail home test kits to our members who need A1c blood tests, Kidney Health Evaluation (eGFR and uARC) and Colorectal Cancer (Cologuard®) screening.

How it works

1. Members with no claim evidence for these tests will be mailed a home test kit.
2. Lab results will be sent to the members' Primary Care Provider (PCP), the member and be available on the lab portals.
3. Members are prompted to schedule follow-up appointments with their PCP to discuss results and other care needs.
4. This option is meant to support providers and members, not replace provider outreach, ordering and management of chronic condition and preventive care needs. In fact, only about 10 – 20% of members will likely opt to complete/return the test kit.

Quick Review of Key Screening Intervals!

- Colon Cancer Screening is recommended to START at age 45—regardless of race, ethnicity, or gender by the American Cancer Society.
- The American Association of Diabetes advises that people with diabetes receive the following
 - A1c tests every 3-6 months depending on the level of control
 - Annual Kidney Health Evaluation including a urine and blood sample for eGFR and uACR
 - Retinal Eye Exam by an eye care provider – Ask members to have reports sent to their PCP's office
 - Blood pressure monitoring every visit

HEDIS® Data is KEY to Improving Care & Health Outcomes

Complete and accurate HEDIS® and Stars data is a Quality Management priority. HEDIS® data is used to identify quality improvement opportunities, plan initiatives and evaluate impact. It's that important!

If you would like to grant EMR access for plan retrieval of Medical Records or have any questions about HEDIS, please email us at VIPQuality@amerihealthcaritas.com

Notification of Admission (NIA) Documentation

Documentation of the receipt of notification of inpatient admission is required to be documented in

the medical record or accessible via a shared electronic medical record (EMR) no later than 2 days after the admission. If a notification about a member being admitted is received outside of your EMR, it is important to ensure it is uploaded to the EMR upon receipt. This measure is one of four sub-measures for the Transitions of Care (TRC) measure. Other sub-measures of the TRC measure include

- Evidence of receipt of a discharge summary filed in the Medical Record
- Member follow-up visit within 30 days of an inpatient discharge (tele-med visits count)
- Evidence of medication reconciliation post discharge

Provider Performance Reports

Monthly Provider Performance Reports summarizing rates on key HEDIS/Stars measures for members assigned to your practice. Member Gap in Care lists are also available. Information on how to access NaviNet and/or sign up is available on the plan website under the Provider, Self Service Tools section. Contact your Provider Network Account Executive with questions.

Messages from Members about Breast Cancer Screening

Improving rates of Breast Cancer and Colorectal Cancer screening is a priority for our Quality Management program. This is feedback shared by members who declined to schedule a mammogram during a recent phone outreach campaign:

- Prefer to have their PCP talk to them about screening needs
- Discomfort/Pain or previous negative experience
- Concerns about implant damage/safety
- Fear of results
- Concerns/not aware about accommodations available for physical disabilities/mobility issues
- Too busy/not a convenient time

Please share this feedback with your practice staff and encourage them to use every patient encounter to assess a member's status with cancer prevention screenings and discuss any concerns.