



Physician Presentation

October 2010

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Introduction

Who We Are

Keystone Mercy Health Plan:

- Is a Medical Assistance Plan owned by Independence Blue Cross and The Health Care Ministry of the Sisters of Mercy
- Provides services to more than 326,000 Medical Assistance recipients in the five county area, making it the largest Medicaid HMO in the HealthChoices Program.

Our Mission Statement

We help people:

Get care

Stay well

Build healthy communities

We have a special concern for those who are poor

Our Values

Advocacy

Care of the Poor

Compassion

Dignity

Diversity

Hospitality

Stewardship

Member Information

Enrollment

- Eligibility is determined by the Pennsylvania Department of Public Welfare (DPW)
- HealthChoices Enrollment Specialists
(1-800-440-3989 or TTY 1-800-618-4225)
 - ✓ Assist recipients in the selection of an HMO and PCP
 - ✓ Educate recipients on plan benefits, policies and Provider network
 - ✓ Notifies DPW of plan selection
- DPW notifies KMHP of member's choice and PCP selection

Eligibility Verification

It is critical to check a member's eligibility every visit. Verify eligibility through any of the following methods:

Internet

- NaviNet provides real-time current and past eligibility status (www.navinet.net)
- PROMISe Online – DPW's online service www.promise.dpw.state.pa.us and click on PROMISe Online

Eligibility Verification Continued

- Telephonically:
 - ✓ PA State Medical Assistance EVS Telephone – 800-766-5387
 - ✓ Keystone Mercy Provider Services Eligibility Hotline 800-521-6007
- Electronically:
 - ✓ Point of Sale (POS) Card Swipe Device
Refer to www.dpw.state.pa.us for more information
- EVS Software:
 - ✓ MA HIPAA compliant PROMISe ready software free of charge for downloading – www.dpw.state.pa.us/omap

Benefits

- Members are eligible for all benefits covered under the Pennsylvania Department of Public Welfare's Medical Assistance Program.
- Depending on the Member's category of aid and age, benefit limits and co-payments may apply. The most current version of the co-pay benefit grid is online in the Provider Center (www.keystonemercy.com)

Description of Benefits

Specialty Care Services

- ✓ Direct access to Emergency Care
- ✓ All Gynecological/Obstetrical Services (no referral needed)
- ✓ Family Planning (provided through Keystone First – call 1-800-541-4560)
- ✓ Speech, Physical, Occupational and Radiation Therapies
- ✓ Rehabilitation Service
- ✓ Laboratory Services (provided through the PCP's assigned lab)
- ✓ Pharmacy Services
- ✓ Mental Health/Substance Abuse (provided through the member's County Mental Health, Drug and Alcohol Office)
 - Bucks – Magellan Behavioral Health (1-877-769-9784)
 - Chester – Community Care Behavioral Health (1-866-622-4228)
 - Delaware – Magellan Behavioral Health (1-888-207-2911)
 - Montgomery – Magellan Behavioral Health (1-877-769-9782)
 - Philadelphia – Community Behavioral Health (1-888-545-2600)

Description of Benefits

- ✓ Dental Care (some specialty dental services may require a referral. Dental Care may not be covered for all Members 21 years of age and older.
- ✓ Vision Care (some specialty eye care services may require a referral)
- ✓ Emergency ambulance services
- ✓ Hospitalization (authorization required)
- ✓ Home Health, Skilled Nursing, Rehab and Hospice Care (authorization required)
- ✓ Durable Medical Equipment (DME)
 - Less than \$500 – Prescription only
 - Over \$500 and rentals – Authorization required

Description of Benefits

- The Pennsylvania Medical Assistance Transportation Program (MATP) assists members in accessing non-ambulance transportation services
- Members register by calling their county service number:

Bucks	215-794-5554 or 1-888-795-0740
Chester	610-594-3911 or 1-877-873-8415
Delaware	610-490-3960 or 1-866-450-3766
Montgomery	215-542-7433
Philadelphia	215-542-7433 or 1-877-835-7412

Members Rights and Responsibilities

Refer to the Provider Manual and www.keystonemercy.com for a complete and detailed outline of:

- ✓ Member Rights and Responsibilities
- ✓ Member Complaints, Grievance and Appeals Process

Key Departments

Medical Affairs

Health Education and Management Programs:

- ✓ Pediatric Preventative Health Care (EPSDT)
- ✓ Pregnancy Management – WeeCare Baby Benefits
- ✓ Special Needs Case Management
- ✓ Intensive Case Management
- ✓ Disease Management
- ✓ 24 Hours Nurse Hotline
- ✓ Breast Cancer Screening and Outreach Program
- ✓ Smoking Cessation Program

Pediatric Preventative Health Care (EPSDT)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members up to 21 years of age, includes member outreach calls, birthday reminder cards and focused care management

- Screenings (must be performed according to the DPW periodicity schedule)
 - Well child visits
 - Immunizations, lab tests, vision, hearing and dental
 - Health education and history
 - Developmental and nutritional appraisal

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- All Keystone Mercy members up to age 21 require screenings
- EPSDT eligibility requests can be faxed to 866-405-7946 or call the EPSDT Unit (800-521-6007) within 48 hours of scheduled appointment
- Non-compliant members can be reported to the EPSDT's Clinical Liaison for further outreach

Early Periodic Screening Diagnosis and Treatment (EPSDT)

EPSDT Claims Submission

- ✓ Submit within 30 days of date of service using the CMS-1500 or UB-04 paper claims forms or electronically, using the 837 format
- ✓ Submit paper claims to:

Keystone Mercy Health Plan
Claims Processing Department
P.O. Box 7115
London, KY 40742

Pregnancy Management – WeeCare Baby Benefits

Pregnant Keystone Mercy member are separated into low and high risk intensity categories with the following goals:

- ✓ Low Risk Pregnancy Management
 - Members will receive pregnancy related educational materials encouraging good prenatal care

- ✓ High Risk Pregnancy Management
 - Pregnant members identified as at risk for preterm labor and/or other pregnancy complications are assigned a nurse case manager
 - Nurse Care Managers provides ongoing supervision and education about pregnancy
 - Notification is sent to the member's physician of member's enrollment in the program with a summary of the initial assessment

All pregnant Keystone Mercy members have access to a 24-hour toll free nurse call line (866-431-1514)

Special Needs Case Management

Provides dedicated, intensive case management services for:

- ✓ Members identified as having ongoing complex medical conditions
- ✓ Care requires coordination across various health care providers
- ✓ Members with limitations hindering their ability to access or receive necessary medical care

Care Managers can be reached by calling 800-521-6007

Intensive Case Management

A voluntary program focused on prevention, education, lifestyle choices and adherence to treatment plans

Supports patients with complex healthcare needs including following:

- ✓ Asthma
- ✓ CHF
- ✓ COPD
- ✓ CAD
- ✓ Diabetes
- Members receive educational materials and if identified as high risk are assigned to a Care Manager

To refer a patient, call 800-521-6007

Disease Management

Provides disease management services to
Members with the following diagnosis:

- ✓ Sickle Cell
- ✓ Hemophilia
- ✓ HIV
- Members are assigned a Care Manager
- Care Managers provide education and assistance in
- obtaining medications and specialty referrals
- Call 800-521-6007 to refer a patient to this program

Outreach and Health Education Programs

The goal of Keystone Mercy's Health Education Programs is to increase members' knowledge of self-management skills for selected disease conditions

- ✓ Tobacco Cessation
- ✓ Breast Cancer Screening and Outreach
- ✓ Domestic Violence Intervention

Tobacco Cessation

- ✓ Tobacco cessation counseling services are covered for all members when provided by a Department of Health approved facility
- ✓ Members are eligible for 10 treatment sessions in either individual or group formats per calendar year
- ✓ Bupropion (generic Zyban®) and generic
- ✓ Nicotine replacement products (gum, lozenges, and patches) are covered
- ✓ Chantix® is also covered for members at least 18 years of age

Breast Cancer Screening and Outreach Program

This program is designed to increase members' awareness of the importance of regular mammography screening

- ✓ Designated outreach staff contact female members over 50 by phone or mail to schedule mammography screenings, provide appointment reminders, and re-schedule when necessary

Domestic Violence Intervention

- Keystone Mercy participates in a collaborative domestic violence education program with DPW and other HealthChoices MCO's
- Health Care Providers play a critical role in identifying domestic violence and through regular screening increase the opportunity for effective intervention

Domestic Violence Intervention

Use “RADAR” – Recognizing and Treating Partner Violence

- R** – Routinely ask about partner violence
- A** – Ask directly about violence
- D** – Document information about “suspected domestic violence” in the patient’s chart
- A** - Assess the patient’s safety
- R** - Review options with the patient. Know about referral options (shelters, support groups, legal advocates)

Quality Management

Quality Management is the process that links together knowledge, structure and processes throughout Keystone Mercy with the goal of assessing and improving quality

- ✓ Quality Improvement Program
- ✓ Clinical Practice Guidelines
- ✓ Medical Record Documentation

Quality Management

The purpose of the Quality Improvement Program is to continually monitor, evaluate and improve care and service

Some activities monitored and assessed are:

- ✓ Maintain compliance with National Committee for Quality Assurance (NCQA) and URAC accreditation standards
- ✓ Maintain credentialing/recredentialing processes
- ✓ Conduct satisfaction surveys for members and providers
- ✓ Ensure that care rendered is based on established clinical criteria and clinical practice guidelines

Quality Management

The following complete Clinical Practice Guidelines are available upon request by calling Provider Services or by visiting www.keystonemercy.com

- Asthma
- Chlamydia
- Cholesterol
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Heart Failure
- Hemophilia
- HIV
- Hypertension
- Immunization and Screenings
- Preventive Health Guidelines
- Maternity
- Sickle Cell

Quality Management

Medical Record Standards

- ✓ Complete and consistent documentation in patient medical records is an essential component of quality patient care
- ✓ Keystone Mercy adheres to medical record requirements that are consistent with national standards on documentation
- ✓ Medical records are audited using these standards
- ✓ A complete list of medical record standards can be found on www.keystonemercy.com or in the Provider Manual

Pharmacy

- The Pharmacy Services Department is responsible for all administrative, operational and clinical functions associated with providing members with a comprehensive pharmacy benefit*
- Covered services are those related to dispensing prescription and OTC drugs in accordance with the member's benefit plan and the Pennsylvania Medical Assistance Program

**There may be benefit limits or co-payments associated with this service.*

Pharmacy Formulary

- The goal of the formulary is to provide clinically efficacious, safe and cost-effective pharmacologic therapies
- The medications included in the formulary are reviewed and approved by the Pharmacy and Therapeutics Committee and DPW
- The Pharmacy and Therapeutics Committee includes network participating physicians and pharmacists
- The most up-to-date formulary is available online in the Provider Center at www.keystonemercy.com or Provider Services at 800-521-6007

Pharmacy Prior Authorization

- Prior Authorization is required for non-formulary, non-covered agents or those designated pharmaceutical agents outlined in the formulary
- Once authorized the request is approved for six months or the length of the prescriber's request, whichever is shorter
- For a request that cannot be authorized, the request is forwarded to a Keystone Mercy Medical Director for review
- A determination is communicated within 24 hours
- In the event of a denial, the prescriber, the PCP and the member will notified in writing within 24 hours and will offer the prescriber a formulary approved alternative

Injectable Medication Program

- Focuses on medications and treatments with high health, economic, or safety impact to a member
- Goal is to control and facilitate utilization and distribution of medication
- Provides replacement of drugs administered in a physician's office and for injectable medications dispensed through network specialty or retail pharmacies for patient self-administration*
- Forms for injectable medications are available on www.keystonemercy.com

*Replacement drugs are not payable by a claim submission and will deny for "drop ship"

Pharmacy Contact Information

For billing/payment inquires and prior authorization requests call:

Pharmacy Services Department

- ✓ 1-800-588-6767
- ✓ Monday-Friday 8:30am-6:00pm

After business hours, weekends and holidays call:

- ✓ Member Services
- ✓ 1-800-521-6860

Provider Services Department

The Provider Services Department is available 24 hours a day, 7 days a week to provide answers and assistance to network Providers

Call 1-800-521-6007 for assistance with:

- ✓ Inquiries on policies and procedures
- ✓ Forms or literature
- ✓ Member non-compliance reporting

Provider Claims Service

The Provider Claims Service Unit assists Providers with payment discrepancies and makes on-line adjustments to incorrectly processed claims

Call 1-800-521-6007 for:

- ✓ Clarification of payment discrepancies
- ✓ Adjustment(s) to incorrectly processed claims
- ✓ Research on authorization, eligibility and COB issues related to denied claims
- ✓ Information on billing and claim coding requirements
- ✓ Explanation of referral and authorization issues related to claim payment

Provider Network Management

Provider Network Management responsibilities include:

- ✓ Building and maintaining a robust network
- ✓ Negotiating contracts with hospitals, physicians, ancillary, DME and other providers
- ✓ Ensuring our network covers the full range of MA covered benefits in an accessible manner for members

Provider Network Management

Provider Account Executive – Acts as your liaison with Keystone Mercy

Responsibilities include:

- ✓ Orientation, continuing education and diplomatic problem resolution
- ✓ Respond to provider issues involving policy and procedure, reimbursement or compliance
- ✓ Facilitate changes to practice demographic information

Provider Information

Primary Care Physician (PCP) Role

- ✓ PCP's are the starting point for access to all health care benefits and services available through Keystone Mercy
- ✓ PCP's are expected to refer appropriately for both outpatient and inpatient services while continuing to manage the care being delivered
- ✓ PCP's and their office staff support Keystone Mercy's instructions to members that stress they should seek advice from their PCP before accessing care from any other source

PCP Patient Management

- ✓ Members should be seen by the PCP every six months
- ✓ Discuss and document discussions and wishes regarding advance directives with adult members
- ✓ PCP's may be requested to submit Letters of Medical Necessity when required
- ✓ PCP's may request the transfer of a member whose behavior precludes the maintenance of an effective relationship with the PCP
- ✓ PCP's may request that their panel be limited or closed – requires 90 day advance written notice

Primary Care Access Standards

Appointment Standards:

Medical Care	Standard
Health assessment/general physical exam/first examinations	Within 3 weeks
Routine Care	Within 10 business days of the member's call
Urgent Care	Within 24 hours of the member's call
Emergency Care	Immediately upon the Member's call or referred to an emergency facility

Primary Care Access Standards

After Hours Accessibility Standards

- ✓ Must be available 24hours/7days a week
- ✓ Coverage must be by a participating plan provider
- ✓ The message used by answering services and machines, cell phones, etc. must include the following information:
 - Instructions for obtaining emergency care
 - Instructions for reaching the PCP

**All PCP's are required to complete an annual Access to Care survey for Appointment and After Hours Accessibility Standards*

Specialty Care Physician Role

- Specialists provide medically necessary covered services to members referred by the PCP

Services include:

- ✓ Ambulatory care visits and office procedures
 - ✓ Arrange or provide inpatient medical care
 - ✓ Consultative specialty care services
- Prior to receiving services, members must obtain a referral from their PCP, issued either through NaviNet or a paper referral form

Specialty Care Physician Access Standards

- Appointment Standards
 - ✓ Routine – Within 10 business days of referral
 - ✓ Urgent - Within twenty-four hours of referral
 - ✓ Emergency – Immediately upon referral
- Specialists must be available 24 hours/7 days a week by answering service or machine, cell phone, etc. with coverage with a plan participating provider when not available

The Referral Process

- All specialty care office visits require a referral
- Each referral is valid for 180 days starting from date of issue
- Each referral is valid for unlimited visits, unless otherwise specified
- Specialists contact Provider Services to extend referral past 180 days and additional services
- No call to PCP is required
- Referrals are issued through NaviNet (www.navinet.net) or via paper referral form

Prior Authorization

**The most up-to-date listing of services requiring prior authorization can be found on the Provider Center at www.keystonemercy.com, in the Provider Reference Guide or in posted updates
Call 1-800-521-6622 to request prior authorization**

Some examples of services requiring prior authorization are:

- ✓ Elective inpatient surgical admissions
- ✓ Transplant evaluations/consultation
- ✓ Home Health Care
- ✓ All DME rentals and DME/Prosthetics & Orthotics over \$500
- ✓ Chiropractic Treatment – following the initial visit
- ✓ Physical, Speech and Occupational Therapy exceeding 24 visits in a
- ✓ Calendar year
- ✓ Certain outpatient Radiology Services (prior authorized by National Imaging Associates (NIA) Call 1-866-642-9700
 - ✓ PET Scans, CT Scans, MRI and Nuclear Cardiology, MRA

Outpatient Lab Services

- Network providers are required to utilize the member's reference laboratory when outpatient laboratory services are needed
- Failure to utilize the assigned laboratory may result in non-payment of laboratory claims
- The only exception are STAT laboratory services defined as:
 - ✓ Laboratory services that require completion and reporting of results within four hours or receipt of the specimen
- All member ID cards clearly identify the assigned laboratory

KEYSTONE MERCY Coverage by **KeystoneFIRST**
A Program of Keystone First and Mercy Health Plan

DOE, JOHN PRIMARY DOCTOR
DR. JOHN SMITH
KMHP ID YXM 12345678 (ABC FAMILY PRACTICE)
PHONE 215-555-1234
SEX M DOB 01/01/01
STATE ID 1234567891

LAB XYZ LABS
COPAYS

Not Transferable
Limits may apply to some services.

PLAN CODE 355/855 ER PCP SPEC
RX(G) RX(B) DENTAL

NaviNet Services

Services available on NaviNet (www.navinet.net)

- Eligibility and Benefits
 - ✓ Provides real-time past and current member eligibility information
- Claim Status
 - ✓ Check the status of submitted claims
- Referral Submission
 - ✓ PCP's can electronically submit a referral for real-time approval
- Referral Inquiry
 - ✓ PCP's, Specialists, hospitals and ancillaries can search, retrieve and print approved referrals stored in the system

NaviNet Services

- The Member Clinical Summary Report is a snapshot in time that contains the following data for a specific patient:
 - ✓ Demographic information (member and PCP)
 - ✓ Medications (filled within the past 6 months)
 - ✓ Chronic Conditions
 - ✓ Gaps in Care (based upon diagnosis compared to clinical recommendations)
 - ✓ ER Visits (within the past 6 months)
 - ✓ Inpatient Admissions (within the past 12 months)
 - ✓ Office Visits (within the past 12 months)
- This summary is provided in either a PDF format or as a CCD formatted file

Reimbursement

- Capitation
 - ✓ Paid according to the age and sex of the members
 - ✓ Covers most primary care services
 - ✓ Mailed to the PCP on the 15th of each month
- Bill-above services:
 - ✓ Services that are paid on a fee-for-service basis
(refer to Fee for Service Bill Above listing)
- Encounter Submission Incentive
 - ✓ \$1.00 paid for capitated encounters submitted either electronically or paper
 - ✓ A capitated encounter is defined as a claim containing services that are not payable above capitation

Encounter Submission

Encounters are defined as “an interaction between an individual and the health care system”

- Encounters, regardless of compensation method must result in the creation and submission of an encounter record to Keystone Mercy via CMS-1500, UB-04 or 837 format
- Encounter submission is critical for:
 - ✓ Data that Keystone Mercy reports to DPW
 - ✓ Provides reimbursement for services covered above capitation
 - ✓ Keystone Mercy gathers statistical information regarding medical services provided to members
 - ✓ Allows Keystone Mercy to identify the severity of illnesses of our members

Quality Care Compensation Program (QCCP)

- The QCCP program is a reimbursement system with quality performance as the most important determinant for additional compensation
- Available to PCP's with panels 75 or more members each month for a defined 12 month period
- Reimbursement is comprised of the following four elements:
 - ✓ Capitation
 - ✓ Bill-Above Services
 - ✓ Encounter Submission Incentive
 - ✓ Performance Incentive Payment

Quality Compensation Program (QCCP)

Performance Incentive Program (PIP)

- Calculated on how a PCP office scores on each of four bonus components compared to other participating PCP offices of the same specialty type
- The four performance components are:
 - ✓ Quality Performance
 - ✓ Severity of Illness
 - ✓ Medical Cost Management
 - ✓ Emergency Room Utilization
- A detailed explanation of each of these components available through your Account Executive or found in the QCCP Manual on www.keystonemercy.com

Reimbursement

- Specialists are reimbursed based upon the Medical Assistance (MA) fee schedule and the fee-for-service rates described in their individual Keystone Mercy Health Plan Specialty Care Agreement
- The MA fee schedule web-site is:
www.dpw.state.pa.us

Payment Process

Claims Submission and Processing

- Submit all billable services on a CMS 1500, UB-04 form or electronically via EDI. For details on EDI submission contact:
 - ✓ 1-877-234-4271 or edi.kmhp@kmhp.com
- Submit within 180 days of date of service
- Submit EPSDT claims within 30 days of date of service
- Submit claims to:

Keystone Mercy Health Plan
Claims Processing Department
P.O. Box 7115
London, KY 40742
- Processing standards for clean claims are:
 - ✓ 90% within 30 days
 - ✓ 100% within 45 days

Status of claims can be checked on NaviNet at www.navinet.net

Claims Submission and Processing

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

- Simplifies the payment process by:
 - ✓ Providing fast, easy and secure payments
 - ✓ Reducing paper
 - ✓ Eliminates checks lost in the mail
 - ✓ Not requiring you to change your preferred banking partner
- Enroll through our EFT partner, Emdeon Business Services (www.emdeonpayment.com)
- For detailed information and instructions log on to www.keystonemercy.com and click on the EFT link
- Call Emdeon's customer service to sign up for ERA
1-877-363-3666

Resubmission of Claims

- Re-submission of rejected claims must occur within 180 days from the date of service
- Resubmission of previously denied claims with corrections and requests for adjustments must be made within 365 days of date of service (indicate “corrected claim” on the claim form)
- On-line readjudication is available through the Provider Claims Services telephone line
 - ✓ 1-800-521-6007
- Complete billing instructions are available at www.keystonemercy.com

Coordination of Benefits

Keystone Mercy is always the payor of last resort

- **Submit claims involving coordination of benefits within 60 days of receipt of primary carrier's remittance with the following:**
 - ✓ **Claim form**
 - ✓ **Primary carrier's EOB**
 - ✓ **Keystone Mercy referral/authorization number**
- **Members with dual eligibility (Medicare primary, KMHP secondary)**
 - ✓ **Referral and prior authorization requirements are waived**
 - ✓ **KMHP does not require notification of inpatient admissions**
- **Members with dual eligibility (Primary insurers other than Medicare)**
 - ✓ **Member must use participating providers**
 - ✓ **Plan referrals and prior authorizations are required**

Disputes and Appeals Process

- Disputes are a written or verbal expression of dissatisfaction requesting resolution through an Informal Provider Dispute Process
- An appeal is a formal written request from a Provider for the reversal of a denial. There are two types of issues normally addressed through the formal Appeals process:
 - ✓ Disputes not resolved to the Provider's satisfaction through the Informal Provider Dispute Process
 - ✓ Denials for services already rendered by a Provider to a member

Disputes and Appeals Process



Informal Provider Disputes mail to:

Keystone Mercy Health Plan
Provider Disputes
200 Stevens Drive
Philadelphia, PA 19113

Formal Provider Appeals mail to:

Keystone Mercy Health Plan
Provider Appeals Department
P.O. Box 7307
London, KY 40742

Cultural Competency

DPW defines Cultural Competency as:

- The ability of individuals to understand the social, linguistic, moral, intellectual and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of healthcare delivery to diverse populations
- Communication is the first step in establishing a physician-patient relationship
- If a Keystone Mercy member requires or requests translation services because they are either non-English or limited English speaking, or the member has some other sensory impairment, the provider has a responsibility to make arrangements to procure translation services for those members, and to facilitate the provision of health care services
- Providers who are unable to arrange for translation services contact Member Services (1-800-521-6860)

Cultural Competency

Title III of the Americans with Disabilities Act (ADA) states the public accommodations, including healthcare provider sites must comply with basic non-discrimination requirements that prohibit exclusion, segregation, and unequal treatment of any person with a disability

Health Literacy

- Health literacy is the ability to communicate with members in a way that is easy for them to understand and act upon
- Members with both high and low reading levels can have limited knowledge of health care resulting in low health literacy
- Low health literacy is a growing problem and difficult to detect with no outward signs
- Members with low health literacy tend to be less compliant, which leads to lower quality of life and higher health care costs
- Low health literacy leads to problems with understanding:
 - ✓ Physician instructions
 - ✓ Consent forms
 - ✓ Medical brochures
 - ✓ Instructions for medications

Health Literacy

Strategies to improve health literacy:

- Build Relationships
 - ✓ Take patient's values and preferences into account
- Ensure Understanding
 - ✓ Use plain, everyday words or pictures that are clear
 - ✓ Provide easy-to-read health materials
 - ✓ Encourage dialogue about diagnosis or medications to determine comprehension

Questions and Answers

Q&A

Thank you for your participation in Keystone Mercy Health Plan's provider network and for your commitment to our members