

provider report



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April 1 law delays ICD-10 timeline until October 2015

The Protecting Access to Medicare Act (H.R. 4302) passed the U.S. Senate on March 31, after having passed the House of Representatives on March 27. The bill was signed into law on April 1. The law includes a delay in the adoption of ICD-10 codes for another year, to October 1, 2015.

Given the legislative changes to the ICD-10 implementation timeline, the Program Team is building an adjusted Strategy and Roadmap to guide the remediation process. It is anticipated that provider testing will be delayed from the original plan for several months. Given this change, we are not looking to engage providers in testing at this time. Provider contract remediation efforts, however, will continue without delay.

All other ICD-10 activity will continue as scheduled until the strategy is finalized. A future communication is forthcoming and can be expected by the end of April. We know there will be questions about how Centene will adjust to this change in direction. Once the Program Team communicates its revised strategy, there will be opportunity to address remaining questions.



Could Case Management Benefit Your Patients?

Medical case management is a collaborative process that assesses, plans, implements, coordinates and evaluates options and services to meet an individual's health needs. It relies on communication and resources to promote quality and cost-effective outcomes.

Sunflower Health Plan case management is intended for high-risk, complex or catastrophic conditions—including transplant candidates and members with special healthcare needs and chronic conditions such as asthma, diabetes, HIV/AIDS and congestive heart failure.

Case managers do not offer hands-on medical care or treatment. They do not diagnose conditions or prescribe medication.

A case manager can help a patient understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become a resource for the healthcare team, the member as well as the member's family.

Our case management team is here to support your team for such events as non-adherence, new diagnosis, and complex multiple comorbidities.

Providers can directly refer members to our case management program at any time. Call **1-877-644-4623** for additional information about the case management services offered or to initiate a referral.



Follow the Script: Updates to Our Pharmacy Coverage

Sunflower Health Plan is committed to providing high-quality, appropriate and cost-effective drug therapy to its members.

While our pharmacy program does not cover all medications, we work with providers like you, as well as pharmacists, to ensure that drugs used to treat a variety of conditions and diseases are covered. Some medications require prior authorization or have limitations on age, dosage and maximum quantities.

WHAT'S COVERED?

The Sunflower Health Plan Preferred Drug List (PDL) is the list of covered drugs that have been determined by the state of Kansas, also known as the formulary. The PDL applies to drugs members can get at community pharmacies.

The PDL is evaluated regularly by the State of Kansas Preferred Drug List Advisory Board to encourage the appropriate and cost-effective use of medications. The Preferred Drug List Advisory Board is made up of Kansas physicians, pharmacists and healthcare professionals.

If you disagree with a decision regarding coverage of a medication, you may file a grievance by calling our provider service line in Lenexa, Kansas, at **1-877-644-4623**.

THE LATEST PDL

Locate the most up-to-date formulary—including information about prior authorization, quantity limits and exclusions—online at www.kdheks.gov/hcf/pharmacy/pharmacy_druglist.html.

Tobacco Cessation Medications:

Sunflower Health Plan covers nicotine replacement products to help members stop smoking. A physician's prescription is required for these medications. We encourage you to discuss with your patients options that may help them quit for good.



Behavioral Health Follow Up

Sunflower Health Plan can help your patients schedule appropriate after-care to improve the follow-up rates for members who have been hospitalized for a behavioral health condition.

Outpatient follow-up within seven days of discharge is vital to members' recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

Please contact us if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We will work with your staff to make these arrangements.

If you're an outpatient provider, and you cannot meet the appointment needs of these discharging members, or if you have more availability than is being utilized, contact your Provider Relations Specialist or Network Manager to let them know.

Sunflower Health Plan will continue to work diligently with our facilities, outpatient providers and members to schedule these valuable appointments. Here are some ways we can help:

- ▶ Scheduling assistance to obtain follow-up appointments within the seven-day time frame.
- ▶ Appointment reminder calls to members.
- ▶ Member transportation assistance.

LEARN MORE. Call and talk to our provider service representatives in Lenexa, Kansas, at **1-877-644-4623** or visit us at www.sunflowerhealthplan.com.

THE GOALS OF DISEASE MANAGEMENT

As part of our medical management and quality improvement efforts, we offer members disease management programs.

The goals of disease management programs include:

- ▶ Promote coordination among the medical, social and educational communities.
- ▶ Ensure that referrals are made to the proper providers.
- ▶ Encourage family participation.
- ▶ Provide education regarding a member's condition to encourage adherence and understanding.
- ▶ Support the member's and caregiver's ability to self-manage chronic conditions.
- ▶ Identify modes of delivering coordinated care services, including home visits.

These programs are intended for patients with conditions such as asthma, diabetes and high-risk pregnancies.

Learn more about our disease management services at www.sunflowerhealthplan.com/for-members/health-management/care-coordination-and-disease-management/ or by calling **1-877-644-4623**.



ARE YOU JOINING OUR WEEKLY PROVIDER SUMMIT CALLS?

Sunflower Health Plan welcomes all KanCare providers to join our Provider Summit Call on Fridays. This is a weekly forum in which we provide updates on operational activities impacting KanCare providers. All provider types can call in and ask our health plan representatives questions related to any operational issues you may be experiencing.

When: Every Friday Until Further Notice
Time: **1:00-2:00 p.m.**
Phone Number: **(855) 351-5537**
Pass Code: **415 657 4972**

Are You Available?

We define “availability” as the extent to which Sunflower Health Plan contracts with the appropriate type and number of PCPs necessary to meet the needs of its members within defined geographic areas. The availability of our network practitioners is essential to member care and treatment outcomes.

Sunflower Health Plan evaluates its performance in meeting these standards and appreciates providers working with us. Summary information is reported to the Clinical Quality Committee for review and recommendation and is incorporated into our annual assessment of quality improvement activities. The Clinical Quality Committee will review the information for opportunities for improvement.

Our current geographic accessibility standards can be found on the KanCare website at: www.kancare.ks.gov/readiness_activities.htm.

To see the maps showing Sunflower Health Plan’s network coverage across the state, visit: www.kancare.ks.gov/download/KanCare_MCO_Network_Access.pdf.

Pregnant Patient? Submit an NOP

With your help, Sunflower Health Plan can identify pregnant members early on, and direct them to the services they need to support a healthy pregnancy and infant.

The best way to notify us about a pregnant member is by submitting a Notification of Pregnancy form (NOP). When you send in an NOP, you’re helping us reach women early in their pregnancy so

that those who are considered high risk can be referred to our case managers.

We also offer members the START SMART for Your Baby™ program, which helps women who are pregnant or who have just had a baby. Your staff and patients can learn more at www.startsmartforyourbaby.com or by calling Sunflower Health Plan’s provider support team at **1-877-644-4623**.



Rights and Responsibilities: A Shared Agreement

Sunflower Health Plan’s member rights and responsibilities address members’ treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider handbook to review them. You can find the complete provider handbook online at www.sunflowerhealthplan.com/for-providers/provider-resources/manuals-guides/ or get a printed copy by calling our provider services line in Lenexa, Kansas, at **1-877-644-4623**.

Member rights include, but are not limited to:

- ▶ Receiving all services that Sunflower Health Plan must provide.

- ▶ Assurance that member medical record information will be kept private.
- ▶ Being able to ask for, and get, a copy of medical records, and being able to ask that the records be changed/corrected if needed.

Member responsibilities include:

- ▶ Asking questions if they don’t understand their rights.
- ▶ Keeping scheduled appointments.
- ▶ Having an ID card with them.
- ▶ Always contacting their primary care physician (PCP) first for nonemergency medical needs.
- ▶ Notifying their PCP of emergency room treatment.



A HEDIS Primer

WHAT: HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows comparison across health plans. Through HEDIS, NCQA holds Sunflower Health Plan accountable for the timeliness and quality of health care services (acute, preventive, mental health, etc) delivered to its diverse membership.

WHY: As both state and federal governments move toward a healthcare industry driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician profiling and incentive programs.

HOW: HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health

plan. Measures typically calculated using administrative data include:

- ▶ annual mammogram
- ▶ annual chlamydia screening
- ▶ annual Pap test
- ▶ treatment of pharyngitis
- ▶ treatment of URI
- ▶ appropriate treatment of asthma
- ▶ cholesterol management
- ▶ antidepressant medication management
- ▶ access to PCP services
- ▶ utilization of acute and mental health services

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review. Measures typically requiring medical record review include:

- ▶ comprehensive diabetes care
- ▶ control of high-blood pressure
- ▶ immunizations
- ▶ prenatal care
- ▶ well-child care

» QUICK TAKE:

HEDIS Physician Measurement

Below is a summary of HEDIS measurements related to ADHD, asthma, and mental health.

ADHD: Children ages 6 to 12 with newly prescribed ADHD medication should receive at least three follow-up care visits within a 10-month period, the first of which should occur within 30 days of when the first ADHD medication was dispensed.

When considering an ADHD diagnosis, you may need to explain to parents that making an accurate diagnosis takes time and that you will need to do the following:

- ▶ Conduct a standard physical exam, including hearing and vision tests.
- ▶ Obtain a family history and the child's developmental history.
- ▶ Screen for other psychiatric disorders.
- ▶ Assess evidence from questionnaires for parents, caregivers, teachers or other professionals regarding the child's behaviors.

ASTHMA: Members ages 5 to 50 with persistent asthma are being prescribed medications that are acceptable as primary therapy for long-term asthma control.

Ask your patients to bring their medications to appointments, and confirm that they know when and how to use them properly.

MENTAL ILLNESS: Patients age 6 and older who have been discharged from an inpatient mental health admission should receive one follow-up visit with a mental health provider within seven days after discharge and one follow-up visit with a mental health provider within 30 days after discharge.



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